



# International Abstract of Surgery

SUPPLEMENTARY TO

Surgery, Gynecology and Obstetrics

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*Supplementary to*  
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 Delprat G D 26  
 Derby G S 9  
 De Rougemont J 19  
 De Saint Blaise A B 42  
 Desgouttes L 23  
 Doederlein G 32  
 Downey J W Jr 10  
 Drummond H 21  
 Duguet 52  
 Dunet C 21  
 Dumivitz M 26  
 Epstein N 26  
 Esau 6  
 Fergus A F 8  
 Fey 48  
 Fischer A W 21  
 Gatch W D 57  
 Gatewood 20  
 Geller F C 34  
 Gignoux F 33  
 Gosset A 20  
 Greene C H 24  
 Haberland H F O 29  
 Haden R L 10  
 Haine W D 26  
 Hamburger 56  
 Harman N B 9  
 Hauch E 42  
 Hendry W B 41  
 Henline R B 51  
 Herendeen R E 15  
 Hill J H 51  
 Hinman F 40  
 Hollfelder H 59  
 Homans J 30  
 Horder Sir T 57  
 Horsley J S 21  
 Hurst A F 21  
 Hyman A 48  
 Jackson C 15 16  
 Judd E S 28 48  
 Kakuschkin N M 36  
 Keller R 39  
 Kerr W J 26  
 Kutzmann A A 49  
 Ladwig 10  
 Lambotte A 53  
 Lee B J 15  
 Lee W E 16  
 Le Lortier 40  
 Leveuf J 28  
 Levinsohn G 8  
 Louria H W 11  
 Lukens R M 15  
 Maes U 23  
 Mannelli F 2  
 Matusovsky D A 40  
 Mayo W J 25  
 McNeill R J 23  
 McVicar C S 24  
 McWhorter G L 53  
 Melville S 16  
 Mercier O 49  
 Meyer K A 18  
 Miller C J 15  
 Moore W F 15  
 Nielsen J M 7  
 Nitch C A R 23  
 Ohlsson I 39  
 Owen J E 57  
 Paddock R 47  
 Pausseau 56  
 Pennington J R 24  
 Peycelon R 23  
 Piersol G M 18  
 Pigeaud 40  
 Piney A 60  
 Pollock W B I 9  
 Pollosson F 33  
 Rand C W 7  
 Richey DeW G 49  
 Riote A 41  
 Roche A E 23  
 Rowlands R P 57  
 Rowntree C 23  
 Rowntree L G 24  
 Royster H A 33  
 Rubens Duval H 32  
 Rubin I C 31  
 Russ S 50  
 Schiassi M B 0  
 Schmieden 16  
 Schwarz O H 47  
 Scott S G 1  
 Seed L 32  
 Shaw I C 51  
 Shires B 21  
 Suredev A 36  
 Snell A C 8  
 Spencer H R 36  
 Spicer W F 9  
 Starr C L 57  
 Stefansson J 8  
 Sterling S 8  
 Terracol J 13  
 Tullier R 5  
 Traquair H M 13  
 Trusler H M 57  
 Tucker G 15  
 Vallon 39  
 Velo C A 55  
 Verliac 48  
 Von Friedrich L 18  
 Voron 40  
 Vulpius 52  
 Walters W 24 25  
 Watson Williams P 10  
 Weaver J C 7  
 Wertheimer P 14  
 Wesson M B 50  
 Wheeler Sir W I deC 54  
 Williams U 21  
 Wilson P D 5  
 Wischniewsky A W 26  
 Zeno A 14









Fig. 3. Normal gall bladder thirty two hours after injection. Shadow still present. Many normal gall bladders do not show shadows at this period.



Fig. 4. Cholelithiasis. Filling defect in gall bladder produced by cholesterol stone. Twenty four hours after injection.

accurate than those of the intravenous method. If the patient is not ill, and

then for an of

ministration of pure products of tetra iodophenolphthalein (21) have been transitory and of small consequence. From 80 to 90 per cent of patients do not have reactions to tetra iodophenolphthalein. Carman (4) has reported thirty two consecutive cases without reaction. If the reaction is sustained it is confined to malaise, headache, nausea, vomiting or diarrhea. Vomiting and diarrhea

for the shadows since food stimulates a flow of bile into the duodenum and interferes with the concentration of the bile in the gall bladder. The normal gall bladder was found to begin to cast a

the dose. The toxicity of the two drugs is practically the same if equal doses are given. In an endeavor to simplify the method and to eliminate reaction Stewart (37-40) has advocated the administration of tetra iodophenolphthalein

now after from twelve to twenty four hours. Normally the shadow disappears in approximately

hospitalized patients. This method only on the oral method of administration. It is a striking fact that reactions have markedly decreased as



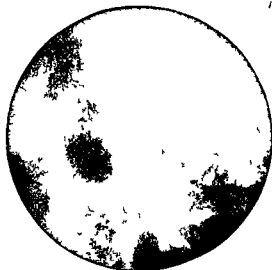


Fig. 1. Normal gall bladder eight hours after injection. Density and size of shadow normal.



Fig. 2. Normal gall bladder twenty-four hours after injection. Shadow has become smaller and denser.

mals is approximately 0.25 gm. per kilo of body weight. Both the tetrabromphenolphthalein and tetraiodophenolphthalein have been accepted by the Council of Pharmacy and Chemistry of the American Medical Association and included in New and Non Official Remedies. Because of the danger of deterioration sodium tetraiodophenolphthalein should not be left exposed to light and air. When it is exposed to sunlight its color may fade.

Water by mouth is allowed at all times. Roent-

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cluding foods and chemicals on the shadows of gall bladders. They obtained the most marked diminution of the size and density of the gall bladder shadow after the ingestion of fats. There was no response to psychic stimuli, carbohydrates, pilocarpine, adrenalin, hydrochloric acid, bile

pine and alcohol. There was no effect on the shadow from mechanical stimuli. Graham, Copher,

man and Counseller (5, 6) reported a series of cases in which this method was used. Carman (4) after a study of over 100 cases stated that among the cholecystographic phenomena indicative of disease, failure of the gall bladder to fill with the dye in sufficient quantity to cast a shadow seems to rank first in frequency and to be unexcelled in diagnostic value. Graham, Cole and Copher agree with Moore (27, 28) that cholecystography is a more delicate method of determining disease of the gall bladder than inspection and palpation at operation.

Among the other early contributors to the de-

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7  
8 COPER G H Cholecystography: appearance and disappearance of the shadow. J Am M Ass  
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11  
12 GOSSET A and LOEWY G Cholecystographie épreuve de Graham. Bull med 1925 No 12 March 21  
13 G

- Radiology 1925 v 259  
14  
15 GRAHAM E A, COLE W H and COPER G H Cholecystography: an experimental and clinical study. J Am M Ass 1925 LXXIV 14  
16 GRAHAM E A, COLE W H and COPER G H Roentgenol of gall bladder

- 17  
18  
19  
20 Idem Cholecystography: its development and application. Leonard Research Prize Essay 1925. Read before Am Roentg Ray Soc. Washington D C  
21

- 22  
23  
24 M  
25 Id  
26 M  
27 M

(11)

# BIBLIOGRAPHY

- 1 BAUMCARTNER E A and JEWETT C H Gall bladder visualization (Graham test). Clifton Med Bull  
2  
3  
4 Idem Cholecystography in its application to the diagnosis of cholecystic disease. Lancet 1925 CCIX 67  
5 CARMAN R D and COUNSELLER V S Radiological diagnosis of cholecystic disease by the Graham method: preliminary report. Tr Sect Gastro-Intest & Prost Am M Ass 1924 77



Fig 5 Illustrates value of cholecystography in differential diagnosis. Shows stones clearly outlined out of normal gall bladder. At operation stones were found in kidneys.

ow is either less dense than normal or completely absent. The most accurate diagnoses are made from a series of films revealing no shadows. If the intravenous technique has been carried out as described failure to obtain a shadow within forty-eight hours is practically conclusive proof of abnormality in the biliary system. Filling defects caused by stones are very important as accurate diagnoses can be made from them. As would be expected some gall bladders containing stones cannot be visualized by tetraiodophenolphthalein chiefly because of a lack of concentrating power or the presence of an obstruction to the cystic duct. However failure to reveal stone in all cases is not of great consequence since the presence of cholecystitis which may be determined by cholecystography is the paramount question in the establishment of the diagnosis and the operative treatment. In gall bladders produc-

whereas hard stones are usually recognized by positive shadows. Occasionally, also, the outlines of soft stones are seen plainly because apparently the dye has penetrated into the outer layers of the stones. Fortunately soft stones which without the aid of cholecystography are seen only with

unsettled and need more study. It seems that extreme liver damage must be present before the disturbance of biliary excretion of the dye has any influence on the visualization of the gall bladder.

The inaccuracy of the diagnosis of gall bladder disease by the roentgen ray previous to the intro-

duction by the findings following intravenous injection.

sudden and marked change in the size of the gall bladder shadow. Pituitrin seemed to cause a con-

# ABSTRACTS OF CURRENT LITERATURE

## SURGERY OF THE HEAD AND NECK

### HEAD

Weaver J C The Treatment Employed in 125  
Consecutive Cases of Head Injuries *Surg*  
*Gynec & Obst* 1925 xli 347

within from one to several hours after the patient's  
admission to the hospital. These cases are hopeless.

Class C Simple or compound depressed fracture  
with localized brain contusion and with or without  
indriven bone fragments. Debridement is indicated.  
Contused brain and blood clots should be carefully  
removed by catheter suction, the dural opening  
accurately closed, and the bone defect filled by  
replacing the fragments of bone that have been  
removed.

Class D Classic manifestations of rapidly in-  
creasing intracranial pressure which are well within  
the period of medullary compensation. Subtemporal  
decompression offers the best chance of recovery.

Class E Definite evidence of brain injury ex-  
hibiting no classic findings of acutely increasing  
intracranial pressure, yet of the type that experience  
has shown is liable to develop increased intracranial

of increased intracranial pressure develops later, one

sufficient

Class C Depressed fracture of a mild degree with  
no symptoms. The bone fragments should be elevat-  
ed, the dura opened, contused brain removed by

catheter suction, the dura closed, and the bone frag-  
ments replaced.

Class H Scalp laceration without damage to the  
underlying structures. The edges should be trimmed  
away and the wound closed with fine silk sutures.

In 125 cases of head injuries treated during the  
past two years there have been 103 recoveries and  
twenty-two deaths. H. Horry Cox, M.D.

Ran

Of the 171 skull fractures reviewed in this article  
85 per cent were linear and 15 per cent depressed.  
There were nearly twice as many fractures on the  
right side as on the left.

The total mortality was 26 per cent. Sixty-eight  
per cent of the deaths occurred in the first forty-eight  
hours. All occurring after the seventh day were from  
causes other than shock or compression. The im-  
mediate cause of death was shock in 39 per cent.

the skull

Operation was performed in 22 per cent of the  
cases. The operative mortality was 47 per cent.  
Indications for operation were depressed fracture or  
intracranial hemorrhage. The mortality in cases of  
depressed fracture was 39 per cent while that in cases  
of intracranial hemorrhage was 73 per cent.

Before operation is performed, measures should

compression, spinal puncture is of greater value than  
the other procedures. The

- 28 Idem The development and application of cholecystography Internat Congr Radiol Lond 1925 1
- 29 OAKMAN C S Cholecystography by oral administration of soluble radiopaque salts Am J Roentgenol 1925 xiv 105
- 30 OTTENBERG R and ABRAHAMSON H A Introduction of liver necrosis by tetrachlorphenolphthalein and tetrabromphenolphthalein J Am M A S 1925 lxxxv 800
- 31 " "
- 32
- 33
- 34
- 35 416 Idem Further observations on the effect of duodenobiliary drainage on the visualized gall bladder Surg Gynec & Obst 1925 xli 284
- 36 SOSMAN M C, WHITAKER, L R and EDSON I J Clinical and experimental cholecystography Read before Am Roentg Ray Soc. Washington D C 1925 September 22
- 37 ST - - - - -
- 38 Id
- 39 Id
- 40 STEWART W H, LINCOLN M and RYAN E J Recent advancements in cholecystography Radiol 1925 v 272
- 41 TUFFIER and VAMOURS ALGERIE Sur la visibilit  de la vesicule biliaire Bull. off. Soc. franc. d' lectro-
- 42
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pressure and acidosis. In dealing with these the author finds morphine and nitroglycerine of great value.

In the acute congestive attack his patients are

are given every three hours.

When the pulse rate exceeds 90 the nitroglycerine is discontinued. The patients are kept warm and the morphine is given twice a day until the attack begins to decline. Dry heat is applied to the eye continuously and eserine in  $\frac{1}{2}$  per cent solution is instilled into the eye every three hours.

glaucoma. Perfect rest and quiet are essential. The air of the room should be moist. The diet should be restricted and non-stimulating. Between attacks general medical care, suitable climatic conditions and the elimination of worry are indicated.

LYMAN A. COPPS, M.D.

Carvill M. and Derby G. S. Interstitial Keratitis

*Boston M. & S. J.* 1925 cxviii 403

Spicer W. T. H. and Pollock W. B. I. Eye Injuries and Interstitial Keratitis *Brit. M. J.* 1925 ii 373

Spicer says that interstitial keratitis may be closely associated with an injury. The injury is often trivial and may or may not have caused a

certain degree of maturity. When they have become mature any injury, however minor, may precipitate an attack or an attack may occur in the absence of a stimulus and in spite of anything that may be done. If the spirochaetes are not mature injury will not precipitate an attack.

Pollock gives a brief review of the symptoms, diagnosis and treatment of interstitial keratitis.

LAMAN A. COPPS, M.D.

Harman N. B. Phlyctenular Conjunctivitis and

Keratitis. Causes and Prevention *Brit. M. J.*

1925 ii 349

That phlyctenular lesions are the frequent cause of permanent impairment of vision is shown by the fact that of 699 pupils in the schools for blind and myopic children in London whose disability was caused by inflammation of the surfaces of the eye

It is to be noted that it is more frequent in those who are not so old. The condition is uncommon in infants under 1 year of age, increases in frequency up to the fifth year and then becomes less frequent. At the age of five years the mouths, noses and throats of underfed children are often the sites of infection causing irritation of the fifth nerve.

Sixty-six per cent of the lesions are found in the lower and lower outer sector of the limbus. As the majority of unbroken phlyctenules are sterile the lesion is probably not due to microbic invasion of the ocular tissue. Histologically the phlyctenule is a blister.

Burch F. E. Hysterical Amblyopia and Amaurosis *Am. J. Ophth.* 1925 31 viii 699

Burch reviews six cases of hysterical amblyopia and amaurosis, commenting on each. He emphasizes the necessity for excluding malingering as well as organic disease. The help of the neurologist, psychiatrist or family physician is essential in the treatment and often in the diagnosis. It is necessary to obtain the confidence and co-operation of the patient and in the case of a child that of his family.

Drainage for about forty eight hours following subtemporal decompression is of value in relieving oedema of the brain

If hæmorrhage is suspected operation may prevent such later complications as jacksonian epilepsy At operation the dura should be opened to eliminate

Article is supplemented by tracings of the location of fractures several tables classifying the cases and the detailed records of several cases

J C CARRIER M D

### EYE

Levinsohn C Notes on the Genesis of Myopia  
*Arch Ophth* 1925 liv 434

causing the temporal crescent and conus and the changes about the macula

THOMAS D ALLEN M D

Snell A G and Sterling S The Percentage Evaluation of Macular Vision  
*Arch Ophth* 1925 liv 443

The authors have attempted to find a mathematical formula for estimation of the percentage of loss of vision

In their experimental work they found that lenses

cent

per cent in vision On this point they quote a number of internationally known ophthalmologists

THOMAS D ALLEN M D

Fergus A F Discussion on Ocular Pain  
*Brit M J* 1925 li 506

Two causes of ocular pain are uncorrected errors of refraction and septic infection Pain arising from the former can be relieved only by very accurate correction of the refraction errors Defects in latent divergence are frequently overlooked The author

effect

In corneal ulcers cocaine should never be employed it does not relieve deep pain and it has a disastrous effect upon corneal tissue Atropine is equally injurious On no account should the eye be

Stefansson J An Operation for Glaucoma  
*Arch Ophth* 1925 38 viii 681

Stefansson has apparently been able to obtain foreign body drainage of the anterior chamber successfully and without undue reaction A good wire loop or a gold tube is inserted into the anterior chamber subconjunctivally A conjunctival flap is made as for a trephine a keratome is introduced into the anterior chamber and then a T shaped wire or tube is inserted so that the upper part of the T lies close to the limbus The vertical arm must be long

cent and a complete failure in only 9 per cent

THOMAS D ALLEN M D

Burdon Cooper J The Conservative Treatment of Glaucoma  
*Brit M J* 1925 ii 510

The purpose of this article is not to urge non-operative treatment of glaucoma but to emphasize the importance of conservative treatment before

The authors show how erroneous it is to assume

In Basedow's disease the thyroid gland is not affected alone. In three of the cases reviewed there

Experimentally tracheomalacia may be simulated by the resection of tracheal cartilages. In dogs as many as seven tracheal rings can be excised without causing appreciable collapse of the tracheal wall.

ARTHUR L. SHREFFLER M.D.

**Charbonnel M Tetania Parathyreopriva Para  
thyroid Grafts (Tétanie parathyréoprive et greffes  
parathyroïdiennes) *J de chir* 1925 xiv 117**

arteries in the majority of cases. The neuropathic aspect of the condition is most difficult to influence by operation. The blood picture remains unchanged. Careful postoperative care is of great importance.

SIETTINGER (Z)

**Barker H B** The Injection of Absolute Alcohol into the Thyroid Gland Experimental Observation of a Suggested Clinical Procedure *Arch Surg* 1923; 11: 180

The author injected the thyroid glands of eight dogs with absolute alcohol and determined the amount of coagulation necrosis produced in the areas injected. The necrosis was in direct propor-

since 1995

In the case reported a thyroidectomy was per-

It is not clear whether the results of this study are generalizable to other populations. The study was conducted in a single, urban, tertiary care hospital in the United States. The study population was predominantly African American and Hispanic, and the majority of the patients were female. The study was limited by its retrospective design and the lack of a control group. The study was also limited by the lack of information on the patients' medical history and the lack of information on the patients' adherence to the treatment. The study was limited by the lack of information on the patients' adherence to the treatment. The study was limited by the lack of information on the patients' adherence to the treatment.

some-  
what short of a psychosis characterized by ex-  
citation, insomnia and polyphrasia. After eleven

tion resembles that produced by the injection of boiling water but is accomplished without inconvenience and without special apparatus.

Clinical cases of toxic goiter treated by injections of absolute alcohol are now under observation by the author. ARTHUR L. SHREFFLER, M.D.

ARTHUR L. SHREFFLER, M.D.

Colp R and Louria H W    Dyspnea Following  
Thyroid Operations    *Arch Surg* 1925 11 200

In experimental work the authors attempted to

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disturbances have been observed but the lesser

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On the anesthesia the posterior portions of the glottis were abducted and finally complete adduction occurred. Section of both recurrent laryngeal nerves caused the cords to assume the cadaveric position.





# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

**Traquair H M Acute Retrobulbar Neuritis Affecting the Optic Chiasma** *Brit J Ophth* 1923 ix 433

Traquair reports four cases of acute retrobulbar neuritis affecting the optic chiasma and tract and cites ten cases collected by Roenne. Traquair's patients were women between 24 and 36 years of age, none of whom showed at the time nor developed later any definite evidence of nervous diseases. Two complained of headaches and bilious attacks, but the others appeared to be in perfect health. No

turbance

Roenne considers very characteristic and almost diagnostic the wandering character of the defects which move from one part of the field to another, the previously involved portions then recovering their function.

The author accepts the view of Roenne that there is an inflammatory or degenerative condition which has its starting point in the chiasma or tract, is

tract by a tumor causes persistent and increasing headache and visual defects.

In localized syphilitic basal meningitis the field changes if present are grosser and there is practically always other evidence. Apart from injuries, suprageniculate lesions and certain vascular conditions in the cortex rarely if ever cause central defects.

The prognosis is usually excellent. No special form of treatment is indicated.

LUMAN A COFFEY M D

**Terracol J The Sphenopalatine Ganglion (Le ganglion sphéno-palatine)** *Arch internat de laryngol* 1915 xxxi 787

The sphenopalatine ganglion is situated at the

double origin—from the gasarian ganglion and the geniculate ganglion—and to be made up of a sort of

fusion of sympathetic elements and elements of cerebrospinal type. It varies greatly in size and form, but most frequently is a simple plexus of triangular shape with its apex backward and internal and its base in front and external.

upon the degree of pneumatization, the more pneumatized the sinus, the closer its floor to the canal and the thinner the intervening wall.

It has been generally accepted that the sphenopalatine ganglion is a sympathetic ganglion, but it is impossible to say without further study that it is entirely sympathetic. It is a plexus where fibers of the cerebrospinal system and the sympathetic system converge, but just what part is played by each is unknown. All that can be said is that it has two roots—a sensory sympathetic root, the vidian

point

There are three ways of approaching the ganglion for purposes of injection—the endonasal route, the zygomatic route, and the palatine route. In the endonasal route, the membrane over the sphenopalatine foramen is punctured to enter the pterygo

which separates the anterior nasal spine from the sphenopalatine foramen is between 65 and 68 mm.

The mucous membrane which covers the sphenopalatine foramen may be perforated either per

and particularly those that are apt to have trifacial sympathetic disturbances, are small and difficult of access. An untrained operator will almost always locate the tail of the middle turbinate too far forward and therefore make the injection too far forward and north.

parathyroid insufficiency. Pregnancy following thyroidectomy predisposes to tetany. An influence exerted by the ovaries has been demonstrated experimentally by Adler and Thaler.

The prophylaxis is the conservation of the parathyroids. Tetany is observed more frequently in Germany where the extensive operations are performed more commonly. The intraglandular enucleation of Socin in France is seldom followed by

Because of the intestinal intoxication the diet  
forms of tetany they have been found to cause an

distance from the gland

In the last four years Syring following this

especially when some degree of myxedema accompanies the tetany.

Surgical treatment by means of grafts seems the most logical. In general autogenous grafts are uniformly efficient. The results of homoplastic grafts are extremely variable. Most surgeons believe that heteroplastic grafts are of no value whatever. The feasibility of implanting autoplasmic and homoplastic transplants is seriously compromised by the difficulty in identifying the parathyroids. Borchers after eleven transplantations found that the supposed parathyroid was an accessory thyroid in eight cases, a lymph node in one, and a parathyroid gland in only one.

Twenty-four cases of tetany are cited from the literature. The results of treatment are difficult to appraise. The word amelioration is used frequently but the improvement may have been spontaneous. In seven cases the result seemed definitely good and in seven others the patient was benefited.

and optic neuritis. The appearance of tetany may be long delayed and may even be preceded by myxedema. The parathyroids may undergo degeneration as the result of vascular lesions or cicatrices.

or no influence

# SURGERY OF THE CHEST

## CHEST WALL AND BREAST

Miller C J Pelvic Lesions as a Contributing Factor in Chronic Cystic Mastitis *Am J Obst & Gynec* 1925 1 375

More than 50 per cent of breast conditions seen today are obviously benign while a large percentage of the remainder are of the borderline type in which an exploratory incision and a laboratory examination are necessary for diagnosis Very frequently pelvic disease is the cause of chronic cystic mastitis particularly in young women Very frequently also the breast condition will disappear with no local treatment at all if the pelvic condition is entirely corrected

Davis B B Further Experience in Cancer of the Breast *Surg Gynec & Obst* 1925 xli 342

Of the author's 113 patients treated for cancer of the breast ninety six have been traced Of these forty nine have died of cancer four are now suffering from a recurrence or metastasis and forty three are alive and well Forty four and eight tenths per cent have been free from recurrence for from five to fifteen years

In advanced cases an X ray examination should be made for metastases in the thorax and skeleton The presence of metastases contra indicates operation

Early diagnosis is of the most vital importance All lumps in the breast should be regarded as potentially malignant and should be removed and subjected to careful microscopic examination by the pathologist

## E L CORNELL M D

Lee B J and Herendeen R E Radium in Breast Cancers *Ann Surg* 1925 lxxxi 404

This article is a review of the results obtained in ninety two cases of cancer of the breast which were treated in the period from April 1 1919 to April 1 1922

The cases are divided into three groups Group 1 consisted of thirty-one cases in which irradiation was given before or both before and after operation In Group 2 there were twenty eight cases in which only postoperative irradiation was given Group 3 consisted of twenty four cases treated only by operation

Excluding patients with relatively benign conditions

## DISCUSSION

This study has convinced the authors that preoperative and postoperative irradiation is of value as an adjunct to surgery in the treatment of carcinoma of the breast The best results were obtained when both pre-operative and postoperative irradiation was given

The end results in these cases are determined largely by the plan of the roentgen radiation and the dosage employed

## TRACHEA LUNGS AND PLEURA

Jackson C Tucker G Clerf L H Lukens R M and Moore W F Hematemesis A Plea for Objective Methods of Diagnosis *J Am M Ass* 1925 lxxxi 870

Vomited blood may come from any part of the air passages as well as from the food passages

If examinations of the gums mouth nasal chambers pharynx and larynx are negative and the

rough tissue

Peptic ulcer of the œsophagus as a cause of

horizontal line with the back of the sphenopalatine

inate between the two organs

The palatine route is recommended by dentists

AUDREY G MORGAN M D

### SYMPATHETIC NERVES

Zeno A Perforation of the Femoral Artery Seven Days After Sympathectomy (Perforación de la arteria femoral siete días de una simpaticectomía)  
*Bol y trab Soc de cir ug de Buenos Aires 1925 12 209*

severe and the extremity had a purple tint Two days later the little toe was almost black Six days after the operation the incision was hyperæmic and painful and there was a moderate seropurulent discharge The next day a hæmorrhage of about 500 c cm of blood occurred The wound was opened and packed A few hours later it was explored under

general anæsthesia clots were removed and the artery was ligated Eleven days later amputation of the extremity became necessary Complete recovery followed

WILLIAM R. MEEKER M D

Wertheimer P The Surgery of Muscle Tonus (Considérations sur la chirurgie du tonus musculaire) *J de chir 1925 xxvi 2*

Experimental work by Royle and Hunter recently established the fact that section of the sympathetic rami communicantes changes the character of the rigidity following decerebration by abolishing plastic tonus

There are two elements in muscle tonus namely contractile tonus which imposes a position on the muscle as the result of the shortening of definite muscle groups and plastic tonus which maintains the muscle in this position Section of the rami communicantes abolishes plastic tonus without affecting contractile tonus while section of the posterior roots destroys contractile tonus and leaves

nance of attitudes Decerebration increases it to an extreme degree while section of the rami communicantes abolishes it

The essential indication for section of the rami

from one position to another

AUDREY G MORGAN M D

The subsequent treatment is also of importance

the latter method he obtained one cure lasting for seven years In another case death resulted as he

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adhesions is small but that this is not always the case in some instances it may be enlarged By means of the roentgen ray the motility of the various contours can be determined In one case the X ray showed that the apex of the heart was held fast and

that the superior vena cava was obstructed In another case the contour was seen to be immobile A frontal view showed distinctly that the cause of this immobility was adhesions It is desirable to take such views with the aid of a test meal in order that the esophagus may be outlined distinctly In addition roentgenograms and fluoroscopic examinations should be made in the first and second diagonal diameters An exact roentgen ray diagnosis is of great aid in the planning of the operation

TILLMANN (Cologne) called attention to the difference in operating after an acute inflammation has run its course and while such an inflammation is still active He reported two cases In one it was sufficient to remove the bony wall of the thorax In

Jackson C and Lee W E Acute Massive Collapse  
of the Lungs *Ann Surg* 1925 lxxxi 364

abdominal operation

The onset of the symptoms is usually very sudden  
and alarming in its severity. It may occur from a

movements of the well side by lying upon that  
side.

Definite steps for the prevention of massive col-  
lapse of the lung can be taken by the reduction of

Jackson discusses briefly the three types of  
bronchial obstruction and the pulmonary conditions  
by which they are followed.

J IRVING DOUGHERTY MD

Burrell L S T and Melville S The Value of  
Lipiodol in the Diagnosis of Bronchiectasis  
*Lancet* 1925 cxix 278

such therapeutic measures as artificial pneumo-

vis Jackson has demonstrated its occurrence in  
cases of foreign bodies in the bronchi. Following  
abdominal operations its incidence is probably

## HEART AND PERICARDIUM

Schmieden The Results of Pericardiectomy in  
Chronic Retractive Pericarditis (Erfahrungen  
ueber die Perikardektomie bei Pericarditis chronica  
retrahens) *49 Tag d deutsch G s f Ch r* Berlin,  
1925

obstruction

Schmieden presented two patients upon whom he

therefore a problem of grave importance to deter-  
mine in a given case whether the left or the right  
ventricle or auricle should be freed for it

The subsequent treatment is also of importance

that the superior vena cava was obstructed. In another case the contour was seen to be immobile. A frontal view showed distinctly that the cause of this immobility was adhesions. It is desirable to take

described by Schmieden is necessary. By means of the latter method he obtained one cure lasting for seven years. In another case death resulted as he operated too late. In one case in which the cardiac disturbances were the result of shrinkage of the lung due to tuberculosis phrenicotomy was sufficient.

FISCHER (Frankfort) emphasized the importance of judging the functional capacity of the different parts of the heart in order to determine the operative method to be employed. He stated that it is generally assumed that the heart which is embedded in adhesions is small, but that this is not always the case; in some instances it may be enlarged. By means of the roentgen ray the motility of the various contours can be determined. In one case the X ray showed that the apex of the heart was held fast and

diameters. An exact roentgen ray diagnosis is of great aid in the planning of the operation.

TILLMANN (Cologne) called attention to the differences in the results of the various methods of treatment.

Other puncture and the child died. STETTNER (L)



# SURGERY OF THE ABDOMEN

## GASTRO INTESTINAL TRACT

Piersol G M Bockus H L and Bank J The Practical Value of Neutral Red as a Test for Gastric Secretory Function *Am J M Sc* 1925 clxx 405

The authors found that only a small fraction of the amount of neutral red injected either intravenously or intramuscularly is eliminated by the stomach. The entire glandular tissue of the stomach participates in this excretion.

Baake F Foreign Protein Therapy in Gastric and Duodenal Ulcer (Die Proteinkoepertherapie beim Magen- und Duodenalulcus) *Mitt u d Grenzgeb d Med u Chir.*, 1925 xxxviii 404.

Baake reports the results of the intravenous protein treatment of 250 cases of ulcer of the stomach or duodenum. Eighty three of the patients were entirely freed from symptoms, 110 were benefited and fifty seven were not benefited. In eighty two cases in which a re-examination was possible the incidence

Meyer K A and Brams W A The Diagnosis and Treatment of Hour Glass Stomach *Surg Clin N Am* 1925 v 1105

first four months and responded very favorably to renewed treatment. In two cases even a third course of treatment resulted in freedom from symptoms. As a rule the X ray findings corresponded to the clinical improvement.

... for Gastric and

... the

... table as

15  
he

does not mean that it should be tried before every operation

Injections of protein have no diagnostic value whatever. The course of treatment consists of from

aspect as it can be given to ambulatory patients  
BRAUN (Z)

Balfour D C The Sequelæ of Gastro Enterostomy *Ann Surg* 1925 lxxvii 421

appeared to have been unnecessary and was occasioned presumably by too wide an application of the operation. The author asserts that the operation should not be performed unless a lesion can be found and advocates intravisceral exploration when the operative findings contradict the positive clinical

and the addition of new ones the determination of an extragastric cause and the roentgenological findings

In the remaining cases of the series reviewed failure followed justifiable operation and was due to a defect in the operative technique concomitant but unrecognized intra abdominal disease or recurring ulcer

cidence of hæmorrhage is increased. Operative interference is therefore more strongly indicated

The surgical treatment is discussed. Ablation of the anastomosis may be the only surgical procedure or may be associated with pyloroplasty or gastro duodenostomy, cholecystectomy or appendectomy, re establishment of the anastomosis or partial gastrectomy. The technique is described in detail

Dele *et al* *C. et al* and Dele *et al*

*Chir* 1925 xlix 405

When vomiting of a persistent and alarming character occurs soon after an operation upon the stomach it becomes necessary to differentiate between ordinary peritoneal infection, vicious circle

factory pathological definition for vicious circle which will cover all possibilities it is defined clinically as a condition which develops suddenly several

These conditions however are due to errors in technique belonging to the period of experimentation in gastro-enterostomy and should not occur today. Several surgeons have noted a mild local inflammatory reaction about the anastomosis.

The author reports two cases in which typical vicious circle appeared after gastro enterostomy and definite localized peritonitis was found about the anastomosis. Because of the thickening and fixation of the tissues an entero-enterostomy could not be done and a second gastro-enterostomy was performed. Prompt recovery followed. The etiological importance of localized infection is emphasized.

Acute dilatation of the stomach may occur in 10 per cent (W J Mayo) of cases. All surgeons admit that

that the cause is mesenteric traction producing duodenal obstruction is untenable. He believes that the stage of gastric dilatation is the initial one and may be followed by secondary strangulation of the duodenum caused in part by traction of the over-distended stomach on the mesentery and in part by dilatation of the duodenum until it is too large for

paralysis account for some cases and mechanical

infection of the gastric contents occurs with toxicity and an increasing accumulation of fluid. Eventually secondary strangulation of the duodenum occurs

that the operation does not drain the stomach. Gatewood draws the following conclusions regard

Gosset A, Bertrand I and Charrier J. Fibro glioma of the Stomach (Fibrogliome gastrique). *Presse med Par* 1925 xxxiii 745

The patient whose case is reported was an icteric emaciated man 56 years of age. For several months

cases of duodenal ulcer

3 It materially promotes the healing of duodenal ulcer by converting it to the status of an ulcer on the lesser curvature

4 It reduces intragastric tension

5 It affords material protection against perforation

6 It acts as a permanent safety valve. If an ulcer becomes reactivated the stoma will resume its function as soon as the irritation is sufficient to produce spasm of the pylorus

HARRY W. BACHMAN, M.D.

Schiassi M B. The Treatment of Choledochal Ulcer of the Duodenum (Quel est actuellement le traitement de choix de l'ulcère du duodénum). *J de chir* 1925 xxv 513

On the lesser curvature 4 cm. from the pyloric ring

Gatewood. An Analysis of the Results Obtained in Gastric Surgery. *Surg Clin N Am* 1925 v 1043

In the treatment of duodenal ulcer gastro-enterostomy will cure from 27 (Uduonda) to 94 per

the stomach is exteriorized for examination of the anterior pyloroduodenal region. The nature and extent of the lesions having been determined the gastroduodenal omentum is incised at the border between the antrum and the body of the stomach for a distance of 7 or 8 cm along the greater curvature and the small vessels that are cut are ligated. Free access is thus gained to the postomental space and the

purpose the stomach is drawn downward and to the left and then while an assistant holds the liver up the surgeon incises the lesser omentum in a line

fibers will be cut

The next step is to incise the vagus fibers. For this purpose a vertical incision is made on the posterior surface of the stomach passing from the lesser to the greater curvature through only the serous coat and a part of the muscular coat and stopping as soon as free bleeding occurs. As the

is performed

The completion of

period the author is convinced that this is the operation of choice. AUDREY G. MORGAN, M.D.

Horsley J. S. Unperforated Ulcers of the Terminal Ileum Symptomatically Simulating Appendicitis. *J. Im. M. Ass.* 1925 lxxxv 863

Horsley reports three cases of

For X-ray examination in diseases of the colon barium may be given by mouth or injected by rectum. The opaque enema is as valuable for the

of the bowel

Feces in the colon air locks pressure from without spasms and partial filling of the gut cause filling defects which may be easily diagnosed as organic. By means of the opaque enema it is possible to dis

jections when the rest of the bowel is empty. The appendix is frequently visualized at the twenty

operation. In two cases an abdominal tumor was correctly located as unconnected with the gut.

At the Mayo Clinic a diagnosis of the presence of a colon

Fischer A. W. The Diagnosis, Treatment and Prognosis of Tumors of the Colon. W. B. S.

Fischer discusses the following types of tumors

I. C. am. (1)

as it is found in the

gland along the arteries toward the aorta and in the liver. The size of the growth bears no relation to its malignancy.

Inflammatory tumors are rare in the transverse and descending colons but common in the sigmoid. Inflammations of Cæcaser's diverticulum are here the source of tumors which involve the entire circumference of the bowel and by contraction may lead to stenosis. Such tumors are often mistaken for car-

four to six weeks

exploratory laparotomy

The finding of a tumor in the abdomen is an indication for laparotomy. Mistaken diagnoses are obstipation, chronic enteritis, and hæmorrhoids. Besides these tumors of the organs lying in apposition

ascending colon demonstrated by percussion and palpation. A tumor is palpable in only half of the cases.

done in one stage

follows

After thorough instruction a contrast enema is given with the patient in the dorsal position and carefully followed on the screen. Then with the

Schloffer

In every case large portions of the bowel must be resected—in carcinoma of the right half of the colon

the entire right side and in carcinoma of the descending colon the entire left half of the bowel. In lesions of the transverse colon both flexures must be mobilized in order to make suturing possible after

effluent loops and the formation of an artificial anus the latter in tumors of the lower sigmoid. Occasionally tumors become operable after palliative treatment as the result of diminution of the inflammatory covering.

In operable cases roentgen irradiation must be considered only as after treatment. In inoperable cases irradiation is done after the palliative operation.

Maes U. Appendicitis in the Aged. *New Orleans*

*M & S J* 1925 lxxviii 117

1925 lxxviii 117

establishment of free drainage constitute the only possible means of reducing the mortality. Since patients who develop faecal fistulae usually recover and since a late enterostomy usually does little good it is suggested that a Pezzer catheter or a Paul tube be left in the cæcum at the time of operation.

H. Hoyt Cox M.D.

The statistics of institutions and the returns of the Registrar General show that the mortality of appendicitis is increasing.

The death rate is proportional to the degree of

sigmoïdiennes dans le traitement de la stase intestinale chronique nécessité de la colectomie totale ou partielle) *Rev de chir* Par 1925 xlv 373

There is a great deal of uncertainty with regard

stasis has been proved incorrect. The bands and membranes which cause stenosis are the result in

Desgouttes L. Seventeen Cases of Abdomino-perineal Amputation of the Rectum for Cancer. Systematic Lowering of the Upper End to the

Since I

metastatic extension

In only two of the seventeen cases was the sphincter conserved.

This series indicates that the combined operation

duced through the tract so that one loop traverses the fistula and the other traverses the bowel and the loop is then gradually tightened. This method

\*Included in the text are well illustrated by 115 sets of drawings. HARRY W. BACHMAN, M.D.

HARRY W. BACEMAN M.D.

LIVER GALL BLADDER PANCREAS AND  
SPLEEN

is always possible but states that a previously performed colostomy on the left side increases the difficulty and danger. LEO M. ZIMMERMAN, M.D.

LEO M ZIMMERMAN M D

The greater number of tests of hepatic function which were studied by the authors failed to show sufficiently specific changes to be of any great clinical value in the study of patients with obstructive jaundice. Following experimental obstruction of the biliary passages the fructose tolerance shows ap-

of obstructive jaundice are those in bile pigment metabolism. The following are the characteristic and conclusive function precedents:

## WATER

Walters W and Mayo W J Abnormal Function  
of the Liver *J Am M Ass* 1925 lxxiv 833

Life depends upon the oxidation of carbon Carbo

a toxæmia which in the more severe grades may  
terminate in coma as in diabetes

On the contrary proteins can be converted into  
glucose to a considerable extent but they contain

unable to excrete this excess of nitrogen it accumu-  
lates in the blood most of it as urea and a small  
percentage as creatinin producing toxæmia of which  
uræmia is a manifestation

## GLYCOGEN FUNCTION

Abnormal function of the liver may occur without  
evidence of hepatic disease for if the liver is not able  
to supply glucose to the tissues when they have been  
depleted by undue muscular activity acidosis will  
likewise result

causes of fibrous tissue cirrhosis

## CHOLEMIA

The term cholemia is sometimes used to signify  
almost any untoward syndrome occurring in the

by the intravenous injection of glucose  
As shown by F. J. C.

venous injections of 5 c cm of a 10 per cent calcium  
chloride solution have been a part of the routine  
preparation of jaundiced patients for operation.  
Besides an intake of from 3 000 to 4 000 c cm of  
water a carbohydrate diet is prescribed and large  
quantities of glucose are given by mouth and by  
proctoclysis

## METHODS OF STUDYING HEPATIC FUNCTION

As just shown by intravenous injections of  
sodium chloride and sufficient water

Failing hepatic function is not easily diagnose  
Close study of the patient with abnormal hepatic



*metastatic extension*

In only two of the seventeen cases was the sphincter conserved.

This series indicates that the combined operation is becoming less dangerous. In the author's opinion

quite close to the anal margin

author employs this method only in case of mild obesity or extensive lesions and those of very old patients for whom only a palliative operation is at

have resulted in a cure after operation has failed repeatedly. The various technical features described in the text are well illustrated by four sets of drawings.

HARRY W. BACHMAN, M.D.

#### LIVER GALL BLADDER PANCREAS AND SPLEEN

Greene G. H., McVicar C. S., Rowntree L. G. and  
1174 Comm.

is always possible but states that a previously performed colostomy on the left side increases the difficulty and danger.

LEO M. ZIMMERMAN, M.D.

On the One into the Anal

tributary tracts must be opened up and the lining pyogenic membrane destroyed or removed.

In anal fistula such treatment constitutes the

as this results in better preservation of tissue formation, better function, a better cosmetic effect and less danger from subsequent malignancy. The rectal and rectosigmoidal types of fistula are best treated by the seton or ligature method in which a small incision of the external opening is made if necessary, a seton or stout double ligature is intro-

gall bladder and deep passages with a mortality of 9 per cent in ten cases of cholangitis with a mortality

T drainage was unnecessary but as simple palpation and sounding from the cystic duct is so often inadequate especially in the presence of irritation of the retroduodenal portion of the common duct the common duct was left unopened only when there was no history of jaundice chills or fever

A stone was extracted from the ampulla by the transduodenal route in one case and transduodenal hepaticoduodenostomy was attempted in two In eight especially severe cases choledochostomy or hepaticoduodenostomy was done A second opera

# Biebl M Report on Biliary Tract Operations

*Ztschr f Chir* 1925 clxxxix 283

Biebl first gives a general review of 716 cases of biliary tract conditions seen at the Kiel surgical clinic Five hundred and twelve were operated upon

Subsequent examination of 222 cases showed that the condition was very good (entire absence of symptoms) in 61 per cent relatively good (mild symptoms) in 33 per cent and unsatisfactory in 6 per cent That the T drainage was not responsible for the poor results is evident from the fact that when the common duct was open it gave good permanent results as often as simple cholangiectomy without T drainage Therefore in the Kiel Clinic the Kehr drainage is regarded as the procedure of choice Transduodenal drainage of the common duct and choledochoduodenostomy are still so new that their value has not yet been definitely determined On the other hand T drainage has such advantages that there is no good reason for abandoning it Besides T drainage Anchuets has used for a long time in addition to choledochostomy dilatation of the ampulla with gall stone scoops of increasing size and with forceps

Early operation is indicated only in selected cases but should always be performed when indicated because neglected cases give poor operative results Especially so-called emergency cases should be brought to early operation Otherwise the author agrees with the Enderlen Hotz principles

MARWEDEL (Z)

Marinelli F An Experimental Study of Wounds of the Extrahepatic Bile Ducts and of Cholemia (Contributo sperimentale allo studio delle ferite delle vie biliari extraepatiche e della colemia) *Polidin* Rome 1925 xxxv sez chir 249

Clinical and experimental findings with regard to wounds of the gall bladder have always been contradictory the former have indicated that such

was 50 per cent

2 Cases in which operation was performed during an attack These also constituted 16 per cent of the total number The mortality was 97 per cent

3 Cases in which operation was performed during

The biliary fistula did not close entirely but the patient regained strength

At a second operation the fistula and the re

gall bladder that was left the abdominal cavity was closed Healing resulted Microscopic examination of the removed gall bladder showed it to contain mucous membrane Broder (2)

Kerr W J Delprat G D Epstein N and Dunlevitz M The Rose Bengal Test for Liver Function Studies on the Rate of Elimination from the Circulation in Man *J Am Med Ass* 1925 lxxxv 942

Further work has confirmed earlier opinions of the value of the rose bengal test as a test for liver permeability and gross function The dye a crystalloid

Haines W D The Surgical Aspect and Management of Cholecystitis *Cincinnati J Med* 1925 vi 326

The author states that the absorption of concentrated bile activates the secretory mechanism of the liver increases the expulsive efforts of the ducts, relaxes the sphincter of the common duct and promotes the flow of bile

than ten minutes

3 The final mathematical result of the test is available in sixty minutes

4 The dye is easy to obtain in bulk easily

lasts only a week or ten days and is then followed by

Wischniewsky A W Double Gall Bladder Discovered at Operation Removal of the Diseased Accessory Bladder (Doppelgallenblase während der Operation aufgedeckt) *Ektomie der erkrankten supplementären Blase* *Arch f klin Chir* 1925 cxxxv 779

The author's patient was a 31 year-old woman

Posteriorly the small end of the mass was lost to

tamponed

Three days later when the wound was re-opened there was at first a discharge of pus and then of bile

Blutungen in den Darm) *Arch f klin Chir* 1925 cxxxv 782

The author reports the case of a 32 year old woman who in her youth was believed to have an

men capsules which lay very close to one another. Immediately next to this hemorrhagic infarcted layer was a fibrous layer sparingly supplied with muscle fibers and on the outer side lay the serosa. The hemorrhages which were at first attributed to ulcer were undoubtedly of gall bladder origin.

The clinical picture presented by this case is extremely rare. It has no connection with the acute hemorrhagic cholecystitis which so frequently results in perforation and death. BUDD (Z)

Biehl M. Report on Biliary Tract Operations

*Ztschr f Chir* 1925 cxxxix 283

Biehl first gives a general review of 716 cases of biliary tract conditions seen at the Kiel surgical clinic. Five hundred and twelve were operated upon

per cent of the deaths were due to causes other than the original illness or the operation performed for it. Cardiac insufficiency in old cardiac cases and pulmonary complications were each the cause of death in 15 per cent of the cases.

current  
septic  
per c  
n

was 50 per cent

2 Cases in which operation was performed during an attack. These also constituted 16 per cent of the total number. The mortality was 9.7 per cent.

3 Cases in which operation was performed during an interval between attacks—68 per cent of the total number. The mortality was 0.8 per cent.

Choledochostomy with T-drainage by Kehr's method was performed in 104 cases of stones in the

the retroduodenal portion of the common duct. The common duct was left unopened only when there was no history of jaundice, chills or fever.

A stone was extracted from the ampulla by the transduodenal route in one case and transduodenal hepaticoduodenostomy was attempted in two. In eight especially severe cases choledochostomy or hepaticoduodenostomy was done. A second opera-

Subsequent examination of 222 cases showed that the condition was very good (entire absence of symptoms) in 61 per cent, relatively good (mild

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F l u o r a t i o n d e t e d o n t n i d e

MARWEDEL (Z)

Marin III F A E — — — —

U n t y b a a i s l a t i m i d a y

Clinical and experimental findings with regard to

gall bladder the second the insertion of a rubber tube into the gall bladder to produce a permanent biliary fistula the third section of the common duct and the fourth injuries of the wall of the common

one case plastic operation to enlarge the duct at the stricture seven cases resection of the stricture and suturing of the posterior half six cases and anastomosis of the common duct to the duodenum

two demonstrated that injury of the common duct whether complete section or not caused death in

Leveuf J and Berceanu D A Simple Procedure for the Diagnosis of Common Duct Stone with Obscure Symptoms (Un procédé simple pour faire le diagnostic des calculs du choledoque à symptômes frustes) *Rev de chir* Par 1925 lxxv 422

AUDREY G MORGAN M D

Judd E S and Burden V G Benign Stricture of the Bile Ducts *Arch Surg* 1925 xl 439

patient :  
the occur  
When

value in lesions of the duodenum but most gall stones do not cast a shadow and even when a shadow

pigments into the urine occurs early and is transitory. Delbet takes urine specimens every two hours after an attack, each in a separate tube and examines them by a modification of the Crumbert method.

To 10 c cm of urine 1 c cm of 10 per cent barium

well borne by full grown strong healthy dogs. If the biliary tract does not become infected, no symptoms are noted during the first four weeks. Bile

ascites develops. The causes of death are intoxication, cachexia, and cardiac weakness.

Autopsy reveals a latent icterus. In one dog skin icterus appeared. In experimental animals, as in patients, latent icterus is frequently encountered.

pigments are present.

As a rule the pigments are found in the fourth or sixth hour. In every case giving a positive reaction, Delbet has verified the diagnosis of common duct stone by operation. The procedure described is simple and accurate. LEO M. ZIMMERMAN, M.D.

Haberland, H. F. O. Studies of the Bile Tract.

xxxiv 248

On the basis of recent experiments, Haberland concludes that obstruction of the common duct is

manifest icterus.

NAEGELI (Z)

# GYNECOLOGY

## UTERUS

Crossen H S Improvements in the Operative Treatment of Uterine Retrodisplacement *Am J Obst & Gynec* 1925 x 327

Crossen classifies cases of uterine retrodisplacement into the following four groups Group A those in which the adnexa are intact and the tissues are freely movable Group B those in which it is

dominal wall and there attached He has given up the Webster Baldy operation

an inch

BOVEE reported that he regards triPLICATION of the uterosacral ligament as the best procedure He has never been able to find that the round ligament holds the uterus in the correct position The cervix should be maintained in the hollow of the sacrum

WARD stated that there is very definite need of

technique

most satisfactory results by the operation advocated by Simpson and Montgomery

E L CORNELL M D

HOMANS J The Treatment of Uterine Prolapse and Rectocele *Ann Surg* 1925 lxxxi 501

The operation described by Homans is based upon the procedure advocated in 1912 by Moschcowitz for the cure of rectal prolapse Moschcowitz demon-

same time fastens the corpus uteri forward The ligament is sutured to the posterior lateral portion of the uterus and is folded sufficiently to take up the slack

rectocele

The closure of the deep pouch is part of a combined

abdominal operation may be associated with considerable risk.

In the closure of the cul de sac a rather extreme Trendelenburg position is helpful. If examination with the pelvis exposed then demonstrates the presence of a very deep pouch of Douglas—that is a pouch extending down between rectum and vagina for 2, 3 or even 4 in. beyond the cervix—a pouch which probably has already been closed in some degree by the repair of the posterior vaginal wall—the cul-de-sac may be obliterated in any convenient way. Homans advocates spiral stitches of large chromicized catgut one for each side of the pelvis because the two stitches flatten the pouch from back to front and draw the cervix toward the sacrum with less

surface of the rectum in a series of turns up to a

intestine

In the disposal of the uterine fundus any one of several methods may be employed—a Gilliam sus-

Of the thirty patients traced twenty-two (73.3 per cent) were cured and four were benefited. A total failure occurred in four (13.3 per cent) of the cases.

cases bleeding due to the introduction of the hysteroscope interfered with satisfactory vision. A No. 22 French gauge uteruscope was used. No further at-

practical. With the gas flowing at a uniform rate the pressure was best noted in the earlier cases. The 20 c. cm. syringe was found applicable and convenient and is now used routinely.

In two instances the amount of gas used was sufficient to induce a subphrenic pneumoperitoneum associated with shoulder pains. These pains were slight and lasted only a few minutes. In five cases



It goes without saying that uteroscopy should not be employed in the cases of ambulatory patients with

scattered bony areas most commonly associated with areas of hyaline degeneration

Infection of fibromyomata following degeneration is found also in cases of pedunculated and non pedunculated tumors

Rut

is attached an irrigating apparatus he separates the uterine walls directly. The angles are not seen

ANSPACH stated that when he first started to use the uteroscope or the hysteroscope he was very

The author advocates systematic pre-operative radium therapy in operable cancer of the cervix because he finds that it simplifies operation. The cancer cells in the parametrium are usually destroyed by it and if any remain they are in the walls of the

uterus and glandular hypertrophy

E. L. CORNELL M.D.

Seed L. Degeneration of Fibromyomata of the Uterus *Surg Gynec & Obst* 1925 xli 333

operation

Many surgeons claim that pre operative radium therapy causes peruterine sclerosis which make operation difficult and dangerous but the author maintains that both the roentgen rays and radium tend to atrophy the tissues and that sclerosis if it

three weeks after the use of radium is a

impairment from undegenerated cysts and its color

In most of the specimens studied the degeneration

tion

danger of injury to the bladder and

and infection not a usual recurrence develop more frequently in patients operated upon and then irradiated than in patients treated by operation alone

AUDREY G. MORGAN M.D.

Doederlein G. Is There a Primary Mortality in the Treatment of Carcinoma of the Uterus with Radium? (Gibt es eine primäre Mortalität bei der Radiumbehandlung des Uteruscarcinoms?) *Zentralbl f Gyn ek* 1925 xli x 852

In reviewing seventy seven cases of carcinoma of the uterus which were treated by operation Bumm

found

and Philipp reported that of four patients who were carriers of virulent streptococci three died. They reported also that virulent micro organisms were found in from 10 to 30 per cent of cases of carcinoma examined within a period of a year. The percentage

## ADNEXAL AND PERIUTERINE CONDITIONS

Royster H A. The Pus Tube and Its Management  
*Am J Obst & Gynec* 1925 x 392

In the management of the pus tube

anodyne unnecessary. Large series of cases treated with and without salines have convinced the author that in those in which the salts were used the condition ran a shorter course.

The proper time to advise surgical interference in pyosalpinx is always open to debate. Operation need

formed will be strong enough for protection and yet not too dense for manipulation and the diseased structures may be peeled out.

A correct decision as to whether and how to operate in pyosalpinx depends upon experience and careful observation. Royster states that there is something about patients with this condition—the facial expression, the feel of the pelvis, the history of the disease, the lay of the hand—that indicates what will be safe and successful.

the condition has cleared up and the patient has later become pregnant. In the acute period especially purgation is contra indicated. A dose of castor oil or of magnesium sulphate has caused a rise in temperature lasting from twenty four to forty-eight hours.

KING said that in gynecology as in other branches of medicine the aim should be the prevention of pathological changes and that we are not preventing such changes when we allow a suppurating tube to involve adjacent structures in inflammation and adhesions which eventually will require extensive surgery. The fact that a salpingitis subsides after several weeks does not necessarily mean that there

it may later give rise to symptoms necessitating its subsequent removal. This is not conservative gynecology.

WARD stated that he obtains very much better ultimate r

Munich clinic has not discarded these procedures. It is possible however that the pressure of the radium capsule may force infected wound secretion into opened blood and lymph vessels. The author

Gignoux F and Pollosson E. Lesions of the Cervical Stump After Subtotal Hysterectomy (Des accidents survenant au niveau du moignon cervical après hystérectomie subtotale). *Lyon chir* 1925 xii 330

The authors discuss three cases of neoplasm developing in the cervical stump following subtotal hysterectomy.

Case 1 was that of a woman 40 years of age who was operated upon fourteen years previously for pyosalpinx. When she was seen by the authors she had an epithelial type of carcinoma of the cervix which was inoperable. Radium was used but death occurred at the end of two years.

Case 2 was that of a woman who was operated upon in 1919 for fibroids and ovarian cyst. In 1922 cervical bleeding occurred which was attributed to metritis. This was controlled for six months by curettage. When it recurred a large mushroom growth of adenocarcinoma was found. This was scraped away and radium was applied. Eight months later the patient was in excellent health.

Case 3 was that of a woman who had had a

was a benign glandular adenoma in which radium is more effective than in the epithelial type of growth. In the authors opinion the cervical stump should be removed vaginally in spite of the operative risk. GEORGE C. SCHULTZ, M.D.

It goes without saying that uteroscopy should not be employed in the cases of ambulatory patients with

is attached an irrigating apparatus he separates the uterine walls directly. The angles are not seen.

ANSPACH stated that when he first started to use the uteroscope or the hysteroscope he was very

uterus and glandular hypertrophy

E. L. CORNELL, M.D.

Seed L. Degeneration of Fibromyomata of the Uterus. *Surg Gynec & Obst* 1925 xli 333

The gross and microscopic pathological changes in fibromyomata are described on the basis of a study of 200 specimens. Occasional reference is made

its color

cysts are present

so and

scattered bony areas most commonly associated with areas of hyaline degeneration.

Infection of fibromyomata following degeneration is found also in cases of pedunculated and non-pedunculated tumors.

Rubens Duval II. Local Treatment of Operable Cancer of the Cervix of the Uterus (*Directrices du traitement local des cancers opérables du col de l'utérus*). *Paris chir* 1925 xvi 184.

The author advocates systematic pre-operative radium therapy in operable cancer of the cervix because he finds that it implies operation. The

opinion

Many surgeons claim that pre-operative radium therapy causes perimetrial sclerosis which makes the author

tion

danger of injury to the bladder

Doederlein G. Is There a Primary Mortality in the with et ben Zen

In reviewing seventy seven cases of carcinoma of the uterus which were treated by operation. Bumm

firm foundation than the vague supposition of a direct functional stimulation

Twenty photographs and photomicrographs illustrate this very comprehensive report

PAGE (G)

**Cignozzi O** Mucoid Ovarian Cysts and Their Complications (Le cisti ovariche e le loro complicazioni) *Polidini* Rome 1925 xxxi sez chir 321

The author tabulates twenty four cases of mucoid ovarian cysts including the results of operation. These cysts may be formed by the occlusion of an unruptured graafian follicle or the invagination of aberrant embryonic epithelium. In either case the epithelium continues to secrete mucus and the cyst to enlarge.

The cysts vary in size and may be solitary or multiple. They generally develop during active sexual life and their growth is furthered by pregnancy. They are more frequent in multiparæ and become more evident after labor but the fact that they have been found also in infants and in women over 60 years of age supports the theory of their origin from embryonic inclusions.

The symptoms depend upon the size of the cysts. In cases of small ones not exceeding 300 c cm in volume and located in the true pelvis there are practically no symptoms. In cases of medium sized cysts from 500 to 2 000 c cm in volume and with an iliac or hypogastric location the symptoms are uterine or vesical. When the cysts are large the

these signs are negative

The operation of choice in cases of uncomplicated cysts is abdominal ovariectomy through a median subumbilical incision. The most recent statistics show a mortality of 4 per cent in operations for cystoma but in uncomplicated cases recovery results in 100 per cent. **AUDREY G MORGAN M D**

**Burger P** Several Cases of Infected Ovarian Cyst (A propos de quelques cas de kyste ovarien infecté) *Gynecol* 1925 xxiv 364

It is estimated that 3 per cent of ovarian cysts become infected. Infection occurs from the bowel

a large soft abscessed fibroid was mistaken for an infected ovarian cyst

**GOODRICH C SCHAUFFELER M D**

**Beuttner A** The Operative Technique for the Removal of Intraligamentary Ovarian Cysts (Technique opératoire des kystes ovariens intra ligamentaires) *Gynecologie* 1925 xxiv 63 129

with regard to the removal of the cyst and the repair of the peritoneum. In this first step insurmountable difficulties are often met. Usually it is impossible to determine the relations of the cyst without first removing the pelvic organs.

In the presence of a unilateral cyst it is important

removed by dissection from below upward and from forward backward

If the tube is found in front and at the base of the tumor and if it is to be conserved the posterior layer of the peritoneum should be incised parallel with the tube and the tumor removed from before backward

varied. In one of the cases reported very rapid enlargement of the abdomen led to the erroneous diagnosis of peritonitis with ascites although the presence of an ovarian cyst was known. In another

C. H. F. T. R.

Th. J. Th. J. Th. J.

Ever since the development of roentgen technique

roentgen rays is due to the destruction of the cells  
In the author's opinion the importance of the con-  
nective tissue and of the indirect general effect pro-  
duced by the irradiation have not been given suffi-  
cient consideration

Attention was called to the fact that

observation namely the preponderance of young  
follicles in irradiated ovaries has not been proved  
Furthermore the increase in young maturing follicles  
never even approaches the decrease in the primary  
follicles. Consequently most of the primary follicles  
are undoubtedly not stimulated to growth but are  
injured or destroyed

In the experiments reviewed a strikingly large  
number of the young follicles had undergone degen-  
eration and the stimulation possibly acted only  
transiently. The diminution of the primary follicles

accelerated

Neither was it possible to determine any stimulat-  
ing effect on the function of the ovaries. Uterine  
hypertrophy was observed to be especially marked  
after isolated irradiation of the uterus. No stimulat-  
ing effect was observed upon the secondary sexual  
characteristics. With regard to the effect of the  
irradiation on the body as a whole nothing definite  
can be stated as yet

While the author does not desire to apply his ob-

be expected

In degeneration of the ovaries with the formation  
of small cysts a result can be expected only insofar as

stimulation can be ruled out

As stimulative irradiation of the ovary is used

Roentgen treatment may be of value for the  
hypoplastic uterus if the growth impulse of the or-  
gan responds first to the hormonal stimulation of the  
ovary

Geller suggests also reservation in temporary

The first few days after birth it is not rare to observe a flow of blood from the vulva. This is without importance and ceases in a short time. It is due to a transient utero ovarian activity and is analogous to the changes often seen in the breasts.

Irregular bleeding in girls between 3 and 10 years

in turn aggravates the hæmorrhages

may remain for a long time rhythmic while the hæmorrhages dependent upon cardiac renal or hepatic lesions may appear at any time following

that certain menorrhagias are associated with a tendency toward hæmophilia and retardation of the coagulation time of the blood. In Basedow's disease hæmorrhages may occur for no very apparent reason. A familial tendency is sometimes found. A purely functional form often occurs with the onset of puberty and disappears spontaneously after the first few months or years. This is usually amenable to rest in bed.

Without doubt the endocrine organs are of great importance in the ætiology of these

this condition under observation over a period of twenty years and has never known one of them to develop cancer.

In another lesion which is even more obscure the endometrium is softened and covered by a wine

ous of the annexa are not especially common. Cysts of the ovary have little effect upon the general health and act only by interfering with the pelvic circulation. They are too often mistaken

seems to be of little importance at first but gradually increases in severity. This is usually due to systemic causes. The rarer type which appears after a considerable period of normal menstruation is more

The various hyperplasias of the endometrium and the form of endometritis mentioned may often be

sometimes found between the ages of 15 and 20

Chalier A. Pelvic Fibroids

more common are polypoid vegetations of the endo-

The author reports four cases in which he performed a supracervical hysterectomy and removed

and the nature of the pathological changes must be taken into account

Marsupialization of the cyst occasionally becomes necessary because of extensive adhesions or malignancy

Ventrofixation of the uterus is sometimes advised

obstruction due to an operation In three cases the operation of Popow was done and in two that of Schubert The author chose these operations in preference to the technically easier Baldwin and McCall operations

it requires less manipulation of the intestine

TAVILDAROW (Z)

Spencer H R On Some Unusual Vaginal Fistulae  
*Am J Obst & Gynec* 1925 x 365

The author emphasizes the value of silver wire sutures in the treatment of vesicovaginal fistula and complete rupture of the perineum A hollow needle is used to introduce them He reports the following four cases

Case 1 A minute vesicovaginal fistula which was repeatedly overlooked until the vagina had been

Douglas Again the latter may be used to assure collapse of a cavity after complete repair of the serosa The use of a Mikulicz drain is reserved for very large defects especially when the cyst has been only partially removed

ALBERT F DE CROAT M D

Black W T Solid Teratomata of the Ovary  
Report of Two Cases *Am J Obst & Gynec* 1925  
x 345

sutures

Case 3 A fecal fistula between the sigmoid flexure and the vagina which had been overlooked by

RAVFS WARD and RAWLS stated that they favor the use of silver wire sutures MILLER BRETTNER

tient had also an imperforate anus

E L CORNELL M D

## EXTERNAL GENITALIA

Kakuschkin N M Five Cases in Which a Vagina Was Constructed from the Large Intestine  
(Fuehl Faelle von Bildung einer Vagina aus dem Mastdarm) *Festschr* 25 ju hr *Int J Gyn & Okinichil* Leningrad 1924

Four of the cases reported were cases of congenital defect of the vagina and one was a case of vaginal

## MISCELLANEOUS

Stredley A The Metrorrhagias of Girls and Young Women (Les métrorragies des jeunes filles) *Gynécol* 1925 xxiv 193

The vaginal metrorrhagias constitute an important group of pathological genital conditions They are common and due to a variety of causes which are difficult to diagnose

# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

**Keller R** Intestinal Occlusion and Pregnancy  
Puerperal Pseudo Ileus (Occlusions intestinales et grossesse le pseudo ileus puerperal) *Gynécologie* 1925 xxiv 354

Cases of intestinal occlusion due directly to pressure in an otherwise normal pregnancy are rare. The direct cause is pressure of the full uterus on some part of the bowel. In the majority of the cases the fetal head presses upon the pelvic colon or sigmoid. In pregnancy complicated by tumor or pressure caused by retroversion the likelihood of intestinal occlusion is increased.

Intestinal occlusion due indirectly to pregnancy is caused by the formation of adhesions. Such adhesions may be the result of a postpartum infection. When the bowel is adherent to the uterus angulation occurs as the adherent portion is drawn up with the growing uterus. A short mesentery hastens the event. Volvulus may occur.

### drainage

Even when at operation in such cases no cause is found it is wise to prepare an area where the bowel may be tapped if neces ary. The usual measures should be tried. **GOODRICH C SCHAUFFLER M D**

**Vallols and De Carréra** Normal Pregnancy in a Woman Who Had Had Pernicious Anaemia in a Previous Pregnancy (Grossesse normale chez une femme ayant présenté une anémie pernicieuse lors d'une grossesse antérieure) *Bull Soc d'obst et de gynec de Par* 1925 xiv 413

blood. She recovered within three months the

good health two weeks later

Normally the fetus of a

result of the neutralizing action of the hypercholesterinaemia of pregnancy. If this physiological hypercholesterinaemia fails to develop the destruction of red blood cells continues and pernicious anaemia develops.

This theory was confirmed in the case reported. When the patient entered the hospital in June 1924 the cholesterol content of her blood was below nor-

h n hat am h i i - -

**Ohlsson I** A Case of Leukæmia and Pregnancy  
(Ein Fall von Leukæmie und Schwangerschaft) *Acta gynec Scand* 1925 ix 317

To date twelve cases of leukæmia complicating pregnancy have been reported in the literature. In four the pregnancy occurred after the leukæmia had begun while in eight it began during the course of

the blood from the umbilical cord was normal. After delivery she was sent to the medical section and treated with the roentgen rays and arsenic. Great improvement in her condition resulted. After a week she was discharged free from subjective symptoms.

In pregnancy the leukæmia may be acute or chronic. In five of the acute cases reviewed the condition was fatal but in one it improved after delivery. The result is due more to the nature of the disease than to its complication with pregnancy. In chronic leukæmia the course of both the pregnancy and the leukæmia may be normal but as a general rule the pregnancy makes the leukæmia worse.

One patient with chronic leukæmia died soon



the tubes and ovaries for pyosalpinx. In three of the cases the operation was difficult and in two of these

tion of the presacral nerve in pelvic neuralgia, vaginismus, refractory dysmenorrhea, uterine hypoplasia with amenorrhea, metrorrhagia, and leucorrhoea of ovarian origin. Leriche has used periaxillary sympathectomy also in kraurosis vulvae and in neuralgia following the application of radium.

In the authors' cases hypogastric periaxillary

xxv 653

The authors have obtained good results from hypogastric periaxillary sympathectomy and resec-

in cases of premature delivery 50 per cent and in cases of macerated fetus 50 per cent

Of 173 untreated women sixty three (36.4 per cent) were delivered of living infants without symptoms. Twenty three of the infants were born prematurely. Only 26 per cent of the mothers with syphilis have left the clinic with apparently healthy babies.

Of the 116 other women twenty seven (23.3 per cent) gave birth to a luetic infant while eleven (9.5 per cent) were delivered of a dead infant and sixty

per cent and of the latter 30 per cent died in the first week of life.

Only 40 per cent of the pregnancies complicated

serum test twenty two gave birth to apparently

twelve inadequately treated women five were delivered of a full term living child five of a premature but living child one of a full term luetic child and one of a macerated child. Of the women treated before and during pregnancy five had living full term non luetic children and one a luetic living child.

In the total number of treated cases living healthy

15.0 per cent luetic infants and 41.7 per cent dead

viewed albumin was found in the urine. In two cases the author was compelled to interrupt the treatment

Hendry W B A Clinical Analysis of 152 Cases of Ectopic Gestation *Am J Obst & Gynec* 1925 x 386

etiological importance. In 45 per cent of the cases reviewed by the author the condition occurred within two years of the last pregnancy. One of the patients a woman 35 years of age gave a history of fourteen full term pregnancies followed by twelve abortions in the three years following the birth of her last child. Over 35 per cent of the patients gave a history of pelvic disease.

The period of gestation at which the onset of symptoms most commonly occurs is between the fourth and eighth week but in 22.2 per cent of the cases reviewed unusual symptoms were noted before the fourth week and in 20 per cent after the eighth week. Pain a most important symptom is absent

made up by blood transfusion or the intravenous injection of gum acacia solution glucose or normal saline solution. In two of the cases reviewed auto transfusion was very satisfactory.

In the discussion of this report SCOTT stated that when the diagnosis is doubtful it can usually be rendered certain by colpotomy.

FOURKROD stated that the diagnosis must rest primarily upon the tactile sense and the initial

Rlotte A Diverticular Tubal Pregnancy (*Grosse se tubaire diverticulaire*) *Gynécologie* 1925 xxiv 273

The old

normal pregnant women because the enlarged liver and spleen take up a great deal of the room. Considering these facts it seems justifiable to induce abortion. In several cases this measure brought about considerable improvement.

Leukemia did not occur in the child in any of the cases reviewed. On microscopic examination of the placenta in Askanazy's case the blood of the chorionic villi was found normal while that of the intervillous spaces was leukemic.

AUDREY G. MORGAN, M.D.

**LeLorier Temporary Hypertension Uteroplacental Apoplexy Conservative Cesarean Section** (Hypertension transitoire apoplexie utéro-placentaire césarienne conservatrice) *Bull Soc d'obst et de gynec d'Par* 1925 xiv 35

nephrosis

rhage and at 6 o'clock a second one and a few painful uterine contractions. At 8:30 a.m. she was sent to the hospital. On her arrival she fainted. At 3 a.m. violent and regular pains began. At 10 o'clock she was in a state of shock and operation became imperative.

A diagnosis of premature detachment of a normally inserted placenta was made and cesarean section was performed. A small fetus which had been dead only a short time was removed. The placenta was followed by a mass of clots which confirmed the diagnosis. As the liver was normal and the hemo-

operation

Interesting aspects of this case were the marked

**Voron and Pigeaud Two Cases of Encephalitis in the Course of Pregnancy with Death of the Fetus in the Uterus** (Deux observations d'encéphalite au cours de la grossesse avec mort du fœtus in utero) *Bull Soc d'obst et de gynec d'Par* 1925 xiv 394

Therapy      Location      Age      Sex

been dead since the beginning of the encephalitis. The second patient whose case is reported was a woman of 19 years who at the end of January developed a very severe encephalitis with a tempera-

that in 1919 he reported one of the first cases of encephalitis occurring during pregnancy. The woman was delivered normally.

ca  
pri  
aft

REUTER stated that he had observed a normal delivery in the case of a woman with parkinsonism following encephalitis.

VORON called attention to the fact that the condition may have a medicolegal aspect. In one of his cases the mother was found in coma with the child dead by her side. AUDREY G. MORGAN, M.D.

**Matusovszky D. A. Syphilis and Pregnancy** (Lues und Schwangerschaft) *Monatsschr f Geburtsh u Gynaek* 1925 lxx 173

The author emphasizes the great importance of

is not always successful

By means of serological examination alone the in-

in cases of premature delivery 50 per cent and in cases of macerated fetus 70 per cent

Of 173 untreated women sixty three (36.4 per cent) were delivered of living infants without symptoms. Twenty three of the infants were born prematurely. Only 26 per cent of the mothers with syphilis have left the clinic with apparently healthy babies.

Of the 116 other women twenty seven (23.6 per cent) gave birth to a luetic infant while eleven (9.3 per cent) were delivered of a dead infant and sixty one (52.6 per cent) of a macerated fetus.

Of the ninety infants that were born alive twenty seven (30 per cent) had manifest symptoms of syphilis and sixty three (70 per cent) were without clinical evidence of the condition. Of the former 80 per cent and of the latter 30 per cent died in the first week of life.

Only 40 per cent of the pregnancies complicated

serum test twenty two gave birth to apparently healthy full term children, one to a premature luetic child and one to a macerated child. Of twenty six incompletely treated women twenty three had living full term children, one a premature but living symptomless child and two a luetic full term child. Of twelve inadequately treated women five were delivered of a full term living child, five of a premature but living child, one of a full term luetic child and one of a macerated child. Of the women treated before and during pregnancy five had living full term non luetic children and one a luetic living child.

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Riotte A. Diverticular Tubal Pregnancy (*Cronica de tubaire diverticulaire*). *Gynecologie* 1925 xxiv 273

The old

then the presence of paratubal cavities communicat  
g with the l m n o f h k h k u

Cristalli C The U of F m of h B p d

Barri

operated upon for ectopic pregnancy a tube was

*gynec et d obst 1925 xx 218*

Chatillon F Hypophyseal Extracts in Obstetrics  
*Rev franç de gynéc et d obst 1925 xx 226*

I --

adhesions between the fimbriated end of the tube  
and the ovary gave evidence of a long standing in  
fection

Serial sections of the tube proceeding from the  
f m h y m h

after giving off several fine branches The latter

numerous masses of leucocytes In the author's  
opinion this was a true case of diverticular preg  
nancy

Three varieties of tubal diverticula can be distin  
c

of imminent rupture of the uterus serious heart  
lesions certain cases of eclampsia or imminent intra  
uterine asphyxia of the infant Hauch advises  
against its use also in the cases of primiparae when  
the head of the infant can be seen during the con  
tractions but labor does not seem to progress because  
of rigidity of the perineum An increase of the  
uterine contractions in such a case might cause the  
sudden death of the fetus The use of forceps is  
therefore better

DE SAINT BLAISE finds that hypophyseal extract is  
a good remedy but like all strong drugs must be used  
with intelligence and caution It should not be used

is exhausted or the uterus no longer reacts In such  
cases the use of forceps is preferable

CRISTALLI concludes that the action of extract of

## LABOR AND ITS COMPLICATIONS

Hauch E The Use of Hypophyseal Extract in Re  
peated Small Doses *Rev franç de gynéc et d obst*  
1925 xx 201

De Saint Blaise A B The Hypophysis *Rev franç*  
*de gynéc et d obst 1925 xx 211*

given by intramuscular injection and the best dose  
is 4 c cm Its action is generally almost immediate  
but may be delayed A second dose should never be  
given until the effect of the first is seen to be passing  
off

4 What unfavorable effects have you noted in the mother or child?

The forty seven replies received were in brief as follows:

ANDÉRODIAS (associate professor and chief surgeon of the Maternity Hospital of Bordeaux) stated that

NECESSARY

ALBERT (privat docent of the University of

<sup>4</sup> Swiss obstetricians concluded that extract of hypoph

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1

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22

Perpignan) has used it in about one of every ten

eighty six cases spontaneous delivery occurred in  
from 7 - 12

11. If the ovum is intact. If the membranes are ruptured it may bring on labor. Almost all of the unfavorable effects on the mother from the use of extract of the hypophysis are due to failure on the part of the obstetrician to take the necessary precautions.

• LA 1st of hypophysis is not dangerous when it is used with care

ALFREY G. MORGAN, M.D.

### A Questionnaire on the Effect of Training

T1

of

42

317

302. 22

3 In what percentage of cases and when do you obtain spontaneous delivery?

posterior presentation arrested in rotation because in such cases the application of the forceps is difficult. He always has the forceps ready to apply as soon as the head is oblique. Generally the injection of the extract is followed in from five to ten minutes by violent contractions. Because of the violence of action of the drug midwives should not be allowed to use it.

BOSHOUWERS (obstetrician of Valparaiso Chile) stated that since 1911 he has used hypophyseal extract in 200 cases.

1

1

in two or three hours after the first injection. Rupture of the uterus has never occurred. In one case

COUVELLAIRE (professor of the obstetrical clinic of the Faculty of Medicine of Paris) has never used

had a case in which all of the indications for hypophyseal extract were present in the absence of all contra-indications

hæmorrhage

1 c cm. Intracrineal tears are frequent but rupture of the uterus has never occurred. The infant is often in shock. There have been no deaths.

DEMELEY (former obstetrician and professor in

has used it twice in cases of moderately contracted pelvis but thinks this indication is unusual. He generally gives two ampoules of 1 c cm each at intervals of ten minutes. Delivery usually occurs in half an hour. Since the war there have been no maternal or fetal accidents in Brouha's cases. In 1913 however an infant was asphyxiated and could not be revived.

uterus

Dr. Jot (obstetrician of the hospitals of Saint Etienne) uses hypophyseal extract in 10 per cent of his cases to bring on labor in premature rupture of the membranes or hæmorrhage from placenta prævia and in inertia at the beginning of the first stage or during the second stage. He uses 1 c cm and never repeats it more than once. Delivery or Rupture

other  $\frac{1}{2}$  c cm after delivery to prevent secondary inertia. Its action varies greatly. In favorable cases

FRUITSCHOLZ (professor of the obstetrical clinic of the Faculty of Medicine of Nancy) uses it in about 4 per cent of his cases but only in the latter part of dilatation when there is no mechanical obstacle and in the cases of multipara. The average dose is

sults are obtained in the latter part of the second stage of labor. Delivery generally occurs in half an hour but the effects of the drug are inconstant. There is no danger to the mother or the child if the contra indications are observed.

GAUJON (obstetrician of the Maternity Hospital of Carcassonne) uses it only when there is complete dilatation after arrest of the pains. Sometimes good results are obtained and sometimes none at all. There have been no accidents to the mother or the child.

GOLVARD (surgeon of the hospitals of Algiers) rarely uses it and distrusts it more and more.

delivery of the placenta after two hours and for

results

GRUBER (of Mulhouse former resident of the hospitals of Lyons) uses it very little as he considers it dangerous.

HARDY (of Paimbeuf former resident of the hospitals of Nantes) uses it in nine of ten cases giving 1 c. cm. at a dose. The os should be dilated to the

HUCÉ (obstetrician of Nantes) used five or six sample ampoules but as they had no effect he has abandoned the use of the extract.

KEIFFER (associate professor of the University of Brussels) stated that for the past eleven or twelve years he has used hypophyseal extract in about three of every ten cases. He believes it is indicated when the uterus is exhausted or atonic and when the resistance of the lower segment has been for the most part overcome. He uses two ampoules. In six of ten cases spontaneous delivery has occurred in from twenty minutes to three quarters of an hour. There have been no accidents to the mother or the child.

LEMELAND (obstetrician of the hospitals of Paris)

cases spontaneous delivery has occurred after from fifteen to forty five minutes.

LEVANOT (obstetrician of the hospitals of Paris)

limited

RECASENS (professor of the Faculty of Medicine of

cases after its use

RHENTER (associate professor of the Faculty of Medicine of Lyons) favors the use of hypophyseal extract only when the head is engaged, dilatation is advanced and there is no pelvic dystopia or cardio



pulmonary weakness. He states however that sometimes it is absolutely ineffective while at other times it is too powerful. Its use may be followed by violent contractions which may do serious harm if

the palm of the hand. He never employs it in cases of pelvic dystocia. He gives  $\frac{1}{2}$  c cm. of the Choay or Carnon preparation and another  $\frac{1}{2}$  c cm. half an hour later if the first is not effective. In half of

has the forceps ready for use

had not been used

SCHICKELÉ (professor of clinical obstetrics and

forty five to ninety minutes. In about 1500 cases there has been no serious accident to mother or child.

SCHWAAB (obstetrician of the Rothschild Hospital)

third stage of labor

TRILLAT (associate professor and obstetrician of the hospitals of Lyons) does not use it because he

labor two hours or more. The usual dose is 1 c cm. sometimes this is repeated in half an hour. Tears of the perineum are more frequent than after normal labor but not more frequent than after forceps delivery. The death of one child was attributed to the use of the extract because no other cause could be

primipara the usual dose

VORON (obstetrician of the hospitals of Lyons) uses hypophyseal extract in from 1 to 2 per cent of

child. The only indication that he recognizes is in sufficiency of the pains during the second stage of labor.

ZARATE (professor of clinical obstetrics of the

Schwarz O H and Paddock R The Cesarean Scar *Am J Obst & Gynec* 1925, x 133

This article consists of a description of two uterine incisions five days after operation and one uterine incision six days after operation a report of the findings in a series of operations on the pregnant guinea pig near or at term and a comparison of the authors findings as regards the healing of the cesarean incision with those of others regarding

of fibrin between the cut muscle edges forms the basis from which healing takes place In cases in which approximation is good the line of defect should be very small Fibroblastic proliferation which can be considered practically normal healing indicates that the early process is similar to that in

line of incision between the adjacent muscle bundles As the scar contracts it simulates more and more the normal pattern of the uterine wall and ultimately is not demonstrable on histological examination

clearly demonstrated from twelve to twenty five days after the incision is made In the later stages the line of scar tissue formation with its ramifications is so contracted that on histological examination it is difficult to make it out and it assumes very

low vitality of the tissue under such circumstances filling of the defect by granulation tissue should take place only after a more prolonged period of time and therefore the much more rapidly proliferating endometrial tissue will have an opportunity to enter and line the defect It is obvious that the more extensive the cutting through of the sutures the greater will be the amount of necrosis and the greater the defect The sutures may cut through more readily also because of an increase in the necrosis due to infection of the wound

E L CORNELL M D

uterus The frequency and extent to which this takes place is due undoubtedly to the marked abundance of endometrial tissue in these uteri

The authors agree with Couvelaire that in the human uterus the deposition of a considerable band

# GENITO-URINARY SURGERY

## ADRENAL KIDNEY AND URETER

Verliac and Fey Tuberculosis and Biscuit Shaped Fusion of the Kidneys (Rein en galette tuberculeux) *J d urol méd et chir* 1925 xiv 160

Verliac and Fey describe an autopsy specimen of fused kidney removed from the body of a patient who had been operated upon for tuberculosis of the right kidney. The attempt at nephrectomy was unsuccessful and the patient died from the effect of the hæmorrhage.

nephrectomy as the treatment of choice and believes that the X ray and radium should be used only in inoperable cases or as adjuncts to surgery. Involvement of the renal veins does not necessarily render the prognosis more serious. The thrombus should be removed.

The prognosis in cases of renal neoplasms is unfavorable. In the cases reviewed a three year cure was obtained in 26 per cent a four year cure in 20 per cent and a five year cure in only 9 per cent.

ALTON OORS, M.D.

Judd E. S. Partial Resection of the Kidney  
*Ann S. S.* 1925 lxxxi 438

The conditions for partial resection of the kidney depend upon the nature and extent of the lesion and the health and functional activity of the other renal tissue.

In cases of tuberculosis or neoplasm nephrec

ALBERT F. DE CROAT, M.D.

Hyman A. Clinical and Surgical Aspects of Renal Neoplasms *Surg Gyn & Obst* 1925 xli 208

The author reviews seventy cases of renal neoplasms, forty four of which were hypernephromata. More than half of the patients were in the fourth and fifth decades of life. Calculi were found in three cases. The initial symptom was hematuria in 36 per

cent, doing all of the work, atrophy of the fragment is inevitable. Occasionally, as when one kidney has already been excised, there may be no choice but

technique is not yet perfect enough to prevent sinuses from calyces or pelvis but such sinuses heal promptly. The operation is performed through a posterolateral incision. Mobility varies, vascular connections are inconstant and the sound segment must be assured of an adequate blood supply before vessels to the diseased portion are clamped. The renal incision is made through normal tissue which has been proved to be normal by microscopic examination. A hydronephrotic sac may be peeled out. After suture the area of resection is covered by a portion of the fatty capsule. The ureter is severed just above its point of juncture with the common ureter.

Two cases of successful resection of a double kidney are reported.

The anatomical difficulties of resection of a horse shoe kidney are defined and five cases are reported.

**Bladder Rectal Implantation of the Ureter**

In the case of a 3 year old boy with exstrophy of the bladder rectal implantation of the ureters was done by the Bergenhem technique Twelve years

Autopsy revealed complete exstrophy of the bladder The left kidney had been practically re-

dilatation the bladder mucous membrane is pushed up into the dilated cavity

The prolapse may involve one or all of the tunics of the ureter As a rule the mucous membrane is the first to prolapse

The condition occurs with equal frequency in

author concludes therefore that it is always due to abnormally violent ureteral contractions caused by obstruction due to a calculus a clot or small size of the ureteral opening

#### ALTON OCHSNER M D

**Mercier O Intravesical Prolapse of the Lower End of the Ureter** (Le prolapsus intravésical de l'extrémité inférieure de l'uretère) *J d urol méd et chir* 1925 xix 402

Mercier reviews six cases of intravesical prolapse of the lower end of the ureter which have been re-

As prolapse of the ureter is a secondary condition its cause must be treated If treatment is directed only to the prolapse a recurrence always develops If there is

and ureterectomy were performed as the calyces pelvis and ureter were markedly dilated and kidney function was practically abolished

AUDREY G MORGAN M D

#### BLADDER URETHRA AND PENIS

**Hinman F and Kutzmann A A Congenital Valvular Obstruction of the Posterior Urethra** *J Urol* 1925 xiv 71

The

marked enlargement of the ureter and periurethritis At about the middle of the ureter a calculus the size of a bean was found Simple expression on the ureter did not reproduce the prolapse but it re-occurred when a few movements were made from above downward

Prolapse of the ureter is often confused with cystic dilatation In true prolapse one or more of the tunics of the ureter are prolapsed through the ureteral orifice into the bladder and in the prolapsed mass none of the elements of the bladder wall are to be found on microscopic examination In cystic

groum was reduced and a leucocytosis was present

Also in every instance the initial symptom was urinary disturbance. In one case this dated back to birth. The longest history of urinary disturbance was ten years. In two cases the obstruction caused uræmia. In all of the cases except the sixth the valves were destroyed and the treatment consisted in suprapubic cystotomy, fulguration and perineal prostatotomy and the use of tube drains. All of the

## GENITAL ORGANS

Wesson M B Cysts of the Prostate and Urethra  
J Urol 1923 xiii 605

The author discusses cysts of the prostate and urethra from the standpoint of their classification, etiology, location, pathology, symptoms, diagnosis and treatment.

tention cysts

Cysts may be congenital or acquired. Acquired cysts are due to compression of the gland ducts or the vicarious development of mucous glands. The active agent in their formation is usually some inflammatory process. Cysts are found through the

from the literature

2 Inflammatory excrescences and lymphocystic lesions of the vesical orifice are often mistaken for

from none to definite interference with the act of micturition depending upon the size and location of the tumor

utricle

7 The cysts located at the vesical orifice undoubtedly arise from the subtrigonal glands

8 Cysts appear translucent through a cystoscope

the sac and destruction of the base. This is accomplished by cystoscopy or cystotomy—suprapubic or perineal.

11 Cysts and other developmental abnormalities of the utricle are not uncommon.

12 Small cysts of the urethra and verumontanum give the symptoms of a posterior urethritis.

condition was found during an operation for sup

necessary non the secondary damage

13 The treatment of choice is fulguration or the use of the Nitze cautery as the cure can be effected at one office visit and without the use of even a local anæsthetic.

14 Four new cases of cysts of the prostate are reported (a) a cyst of the vesical orifice in a man with retention (b) a cyst of the vesical orifice in a woman with incontinence (c) a broad based cyst of the vesical orifice causing difficulty in emptying the bladder and (d) a cyst in the lateral lobe of a prostate causing no symptoms

15 Twenty nine cysts of the prostate are reported from the literature exclusive of Homes case which was a diverticulum of the bladder and not a cyst of the prostate C D HOLMES MD

### MISCELLANEOUS

$$\text{Show } \Gamma \vdash \text{and} \quad \text{if } n \leq \lambda = 0$$

The authors discuss the epidemiology, clinical course and treatment of urinary fistula, report three cases and describe the bacteriological findings in an unusual type of infection which occurred in the wounds of patients operated upon on the urological service of the Johns Hopkins Hospital in the spring of 1941.

cultures it was found that the infection was carried on the hands of the orderlies. The hands of the surgeons, internes and nurses were free from it.

ered by a thin black necrotic membrane which frequently was encrusted with urinary salts. In several cases secondary ulcerations occurred in the neighboring tissues.

In these infected cases the average time of con

then used for prophylactic irrigation. No new cases developed. The pain associated with this type of infection was often so severe as to necessitate the administration of a narcotic.

The organisms in the direct smear as well as in the cultures were plump rods which were coccoid and averaged 1 by  $1\frac{1}{2}$  micra in size. They were non

Henline R B Hexyl Resorcinol in the Treatment  
of Fifty Cases of Infections of the Urinary  
Tract *J Urol* 1925 xiv 119

In fifty cases of urinary infection Henline used hexyl resorcinol with very good results. The drug is non toxic when given by mouth. It is a stable compound and in high dilutions of urine with any

ALTON OCHSNER M.D.

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS ETC

Duguet and Clavelin Chronic Non Tuberculous Arthritis of the Hip in the Adult (Les arthrites chroniques non tuberculeuses de la hanche chez l'adulte) *Rev de chir* Par 1925 lxxv 321

Chronic non tuberculous arthritis of the hip is

thirty adult cases in some of them the condition

The authors conclude that in many cases osteo chondritis varies in its pathologico anatomical

## SURGERY OF THE BONES JOINTS MUSCLES, TENDONS ETC

Vulpus The Division of Function in Tendon Transplantation (Die Funktionsteilung bei der Sehnenüberpflanzung) *Ztschr f orthop Chir* 1925 xlvii 91

should not be refused on principle since as in suitable cases it may have good results ERLACHER (2)

Curtillet J and Tillier R Vertical Extension of the Leg in the Treatment of Acute Osteo-Articular Diseases of the Hip (L'extension verticale du membre inférieur dans le traitement des affections ostéoarticulaires aiguës de la hanche) *J de chir* 1925 xxv 524

Vertical extension has been used for some time in the treatment of fractures of the hip The authors have found that in acute infectious diseases it greatly decreases the mortality The leg is flexed at a right

point

One of the chief advantages of this method over the use of a plaster cast is its cleanliness Another advantage is that it prevents sacral decubitus and pathological luxations There should be no circular band about the ankle or at any point on the lower third of the leg

toward ankylosis In one case of tuberculous arthritis in a child 3 years old the swelling disappeared a fistula closed up and normal use of the hip was regained

Eight cases treated by the method described are reported in detail AUDREY G MORGAN M D

## FRACTURES AND DISLOCATIONS

Wilson P D Joint Fractures *Boston M & S J*, 1925 cxviii 333

From a study of the findings of an industrial board the author draws the following conclusions

1 The treatment of the majority of joint fractures is very unsatisfactory

2 The poorest results are obtained in fractures of the elbow knee ankle and hip

3 The best results are obtained in fractures of the shoulder and wrist

4 The treatment of fractures of the elbow and knee should be revised

A distinction must be made between juxta articular and intra articular fractures. The latter are fractures passing through the articular cartilage. Juxta articular fractures because of their relation to the soft tissues about the joint result as a rule in periarticular changes instead of changes within the joint itself.

Intra articular fractures must be divided into those with fissuring of the articular surface but with out displacement and those with marked displacement or dislocation of the joint. Intra articular fractures cause injury of the articular cartilage deformity of the articular surface and damage to the ligaments. Cartilage defects persist and may be the starting points of degenerative changes. Distortion of the contour of the articular surface results in excessive wear and traumatic arthritis. Limitation of joint motion results from scar formation in the capsule ligaments and adjacent muscles or from bony changes between or around the articular surfaces. In some cases of joint fractures permanent loss of function may result. In others recovery may be followed by a return of the disability due to late changes such as traumatic arthritis.

Attempts at early closed reduction should be made

Lambotte A. Transarticular Nailing in Fractures Near Joints (L'ostéosynthèse par clouage trans articulaire dans les fractures juxta articulaires) *Paris chi* 1925 x:11 145

In 1924 the author described a new technique for osteosynthesis in fractures of the neck of the femur. In this article he describes its use in transverse and oblique fractures of a metacarpal near the metacarpophalangeal joint.

A median incision is made over the fractured metacarpal beginning 4 or 5 cm. above the joint and ending at the upper third of the corresponding phalanx. The extensor tendon is then incised down

driven into the axis of the head and shaft of the metacarpal. The nail is held with a hemostatic

must not be touched by the surgeon's hands or the patient's skin.

The same technique may be used also in fractures of the neck of the radius, juxta articular fractures of the lower end of the ulna, intra articular fractures of the condyles of the knee and elsewhere.

AUDREY G. MORGAN, M.D.

McWhorter

*Am* 1925 v 1005

McWhorter briefly reviews the literature on fracture of the greater tuberosity of the humerus and advocates the posterior approach to the shoulder joint in the operative treatment of this condition. In the two cases reported the technique was as follows:

capsule

The loose fragment was removed and the tendons were sutured in position. The supraspinatus and infraspinatus and teres minor muscles were somewhat contracted. They were loosened up with care to avoid injury to the vessels and nerves. With the arm

continuous catgut sutures

After the operation a body cast was applied with

resulted



under local anesthesia S C WOLDENBERG M D

The incidence of fractures of the pelvis has been increased since the advent of rapid transportation and modern manufacturing methods. Of the fractures not involving the pelvic rim the most interesting are the marginal fracture and the central fracture of the acetabulum. The marginal fracture is generally associated with backward dislocation of the hip.

#### functional results

Fractures of the sacrum are of interest only when displacement and nerve injury are present. Reduction may be effected through the rectum. Fractures of the coccyx are of importance only in the production of coccygodynia. Isolated fractures of the ischium are rare.

The treatment of pelvic fractures is divided into that of the fracture and that of the soft parts. Injuries to the urethra and bladder are most frequent and of the greatest importance. Rupture of the bladder is suggested by a strong but ineffectual desire to urinate and the fact that only small quantities of

pathognomonic

FREMONT A CHANDLER M D

Wheeler Sir W I DeC Some Practical Considerations in the Conservative Treatment of Fractures of the Pelvis and Lower Extremity Lecture III *Lancet* 1915 ccix 48

In this article the third of a series of four on fractures of the pelvis and lower extremities the author considers principally fractures of the femur in the region of the knee joint. He is an advocate of reduction by extension and uses the Thomas splint for this purpose applying from 20 to 40 lbs weight for traction. The traction is usually maintained with weights but fixed traction in plaster of Paris is mentioned.

ments of the particular case

C ESTER C CHAMBERLAIN

# SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## BLOOD VESSELS

used the same technique as before but wound a second piece of rubber tissue around the blood vessel and fixed it with a few stitches of very fine linen. He

as follows

The dog is anesthetized by a subcutaneous injection of 1 cgm of morphine hydrochloride per kilo gram of body weight and the superior two thirds

made at intervals ranging from nine to one hundred and forty five days. At necropsy no hæmorrhage

is cut out an opening about 3 mm long and 2 mm wide being made

tissue

The rubber tissue was found in a hard connective tissue capsule also in the dogs killed after a longer interval. The

interior

The constancy of the occlusion of the vessel by the thrombus led the

used

The implantation of dead tissue has given favorable results only in the cases with small lesions. In such cases the endothelium of the blood vessel may quickly grow over the breach. If healing does not occur with a certain rapidity dead tissue also acts as a foreign body slowly giving rise to a thrombus.

The only advantage of the author's method is the marked advantage in ligation as the subsequent progressive obliteration is so slow that it gives

suggestion of applying a little liquid paraffin and sodium citrate on the tissue covering the wound but even this did not give complete adhesion. He then

under local anæsthesia S C WOLDENBERG MD

The incidence of fractures of the pelvis has been increased since the advent of rapid transportation and modern manufacturing methods. Of the fractures not involving the pelvic rim the most interesting are the marginal fracture and the central fracture of the acetabulum. The marginal fracture is generally associated with backward dislocation of the hip.

Fractures of the sacrum are of interest only when displacement and nerve injury are present. Reduction may be effected through the rectum. Fractures of the coccyx are of importance only in the production of coccygodynia. Isolated fractures of the ischium are rare.

The treatment of pelvic fractures is divided into that of the fracture and that of the soft parts. Injuries to the urethra and bladder are most frequent and of the greatest importance. Rupture of the

duced by abduction and internal rotation by the method of Whitman if the patient can withstand the anæsthetic. Retention in plaster is followed by protected weight bearing over a long period.

Fractures of the trochanters are rare with the exception of fractures of the epiphyses occurring before the eighteenth year of age. The most common is avulsion of the lesser trochanter by the pull of the iliopsoas muscle. Inability to flex the thigh is pathognomonic.

Fractures of the femoral shaft in the upper middle and lower thirds seldom require operative treatment. Reduction under anæsthesia and continued traction by means of a Thomas splint are indicated.

FREMONT A CHANDLER MD

Wheeler Sir W I DeC. Some Practical Considerations in the Conservative Treatment of Fractures of the Pelvis and Lower Extremity. Lecture III. *Lancet* 1925 cclix 437.

In this article the third of a series of four on fractures of the pelvis and lower extremities the author considers principally fractures of the femur in the region of the knee joint. He is an advocate of

mentioned

ments of the particular case

Union bone grafting is indicated

CHESTER C SCHNEIDER MD

# SURGICAL TECHNIQUE

## ANTISEPTIC SURGERY TREATMENT OF WOUNDS AND INFECTIONS

HOOPER

rected amount fresh air and diet the administration of fluid during the height of the acute process attention to elimination and reassurance of the patient are of importance The use of anodynes

able

all of which blood trans

day the causative organism has been isolated a

laminated wounds prompt removal or treatment of

laboration of the physician bacteriologist hematologist and surgeon is desirable In the treatment it should be the constant endeavor to remove or treat the primary or other source of the infection In selected cases the transfusion of whole blood is of value

COLEBROOK considers septicæmia from the standpoint of pathology A method of determining the

bacterial growth in the blood in the condition of

f m ad

Gatch W D Trusler H M and Owen J E  
The Treatment of General Septicæmia by  
Gentian Violet and Mercurochrome—220 Sol  
uble *J Im M Ass* 1925 lxxv 894

The injection of gentian violet and mercurochrome in safe doses into the blood stream of rabbits with

powers of the animal SAMUEL KAHN M D

Starr C L The Treatment of Tuberculous Abscess and Sinus *Med J Australia* 1925 ii 183

Secondary infection greatly increases the mortality of tuberculous abscess Mixed infection is the cause of amyloid disease

sufficient time for the establishment of collateral circulation and thus decreases the danger of gangrene. The method may be used for small lateral lesions of large blood vessels when suturing is impossible because of anatomicopathological conditions of the vessel or urgency of the repair.

SALVATORE DI PALMA, M.D.

Chia -

# BLOOD TRANSFUSION

Pals - - - - -

The patient whose case is reported was a 62 year

It is generally recognized that congenital hæmolytic icterus responds promptly to splenectomy, the icterus disappearing completely within a few days after the operation. However, the fragility of the corpuscles persists for a considerable length of time. No explanation has been offered for this dissociation of the icterus and the fragility.

The author cites a typical case of congenital hæmolytic icterus due probably to hereditary spherulosis in which the jaundice disappeared nearly completely on the day following splenectomy, vanished entirely after a few days and never recurred. The 4 year old patient thereafter remaining perfectly well. Studies of the resistance of the corpuscles, however, revealed that even at the end of twenty three months it had not yet reached normal. The author explains this phenomenon as follows:

The spleen constitutes the center of hæmolysis and splenectomy suppresses the primary cellular destruction.

more transfusions of 100 ccm. each were administered during the following month. The hæmorrhagic manifestations then ceased and the hæmatoma regressed, but the general condition remained pre-

dis-

# PHYSICO-CHEMICAL METHODS IN SURGERY

## ROENTGENOLOGY

Hofelder H. The Proper Time Distribution of

64

The author begins this article by stating that the problem of the proper distribution of roentgen ray dosage has been solved by investigations made by him and by others and by his method for the proper selection of the fields of application. He then discusses the previous mechanical theories of the carcinoma dose which have been advanced up to the present time and reviews experiences in the irradiation of mouse carcinoma and the conclusions drawn therefrom. The essential action of therapeutic roentgen irradiation is destruction of the carcinoma cells.

However indiscriminate destruction of all carcinoma cells by one roentgen irradiation is impossible. The cells which have been weakened by the irradiation must be overcome by increased resistance of the body.

In order to settle the question of the suitable time distribution of the roentgen ray dose the author

phase difference will therefore be greater the longer this period lasts. Through the use of roentgen rays with very short wave lengths the reaction times of the different cell groups may be increased. Furthermore this conception of a phase difference demands that the unknown period should not be disturbed by a second intervention and that the total dosage should be followed by a pause of two or three months.

With the great increase in the intensity of the short wave roentgen rays from modern apparatus a decided increase in the so called early reaction has been achieved. This early reaction which is obtained with relatively small and highly concentrated fractional roentgen ray doses may be employed to obtain sensitization by giving to the tissue which has been sensitized by an early reaction the rest of the dose on the second or third day. Moreover by the strong concentration the total dosage may be reduced a reduction which will be of aid in diminishing an excessive general effect. The danger that the tumor cells may become accustomed to the effect of the irradiation is also less.

This distribution of the total dosage over two three four or five days must not be confused with the so called scattered dosage. Neither is it comparable with the less concentrated dosage given by

Beck (Z)

Russ S. Cellular Changes Due to Irradiation  
*Brit M J* 1925 ii 340

The exposure of the body to radiation ranging from light to gamma radiation gives rise to profound changes differing in character and degree.

plant seeds

With regard to scattered dosage in which we have deviated from the old postulate of Perthes that the total dosage should be given in a short period of time

Hemotherapy has focused attention on the indirect

time period which follows

lymph or the nervous system

reaction to the roentgen rays between carcinoma cells

Pathological research has shown that cellular degeneration is a frequent sequela of the irradiation of tissues. It consists in various abnormal changes appearing in the cells at different times after irradiation. These changes may be due to (1) a direct

The abscess develops by the caseation and liquefaction of a tuberculous focus in bone and breaks through and extends into the soft tissues. In a large percentage of cases the abscess will recede. Efficient treatment of the local condition requires recumbency with protection from movement and protected

## ANÆSTHESIA

Beckman H. The Alleged Synergism of Magnesium Sulphate and Morphine. *J Am M Ass* 1925 lxxxv 332

Beckman carried out experiments on dogs to

joint

If the abscess progresses and works closer to the surface aspiration is advisable.

The injection of antiseptics has no place in the treatment of tuberculous abscesses.

In cases of sinus formation nothing should be

morphine

From these experiments and those of others he concludes that the alleged synergism between magnesium sulphate and morphine does not take place.

GEORGE R. McALISTER M.D.

adequate drainage are great and the mortality is high

H. HOYT COX M.D.

# BIBLIOGRAPHY of CURRENT LITERATURE

NOTE—THE BOLD FACE FIGURES IN BRACKETS AT THE RIGHT OF A REFERENCE INDICATE THE PAGE OF THIS ISSUE ON WHICH AN ABSTRACT OF THE ARTICLE REFERRED TO MAY BE FOUND

## SURGERY OF THE HEAD AND NECK

### Head

The Weil Kafka reaction in traumatism of the cranium and vertebral column S CACEURI Polichin Rome 1925  
xxxii sez med 309  
The treatment employed in 125 consecutive cases of head injuries J C WEAVER Surg Gynec & Obst 1925 xli 347

Invading osteitis of the bony tables of the cranium  
FRANCHINI Rev Soc argent de otorrinolaringol 1925  
18  
Cranial surgery among the early inhabitants of Peru  
E BELLO Rev méd Lat Am 1925 x 1010

Postoperative parotitis E NOVAK and L A ANTUPIT  
Med 1 & R  
F  
F L

A new operation for displaced fractures at the neck of the mandibular condyle S L SILVERMAN Dental Cosmos 1925 lxvii 876  
Angioma cavernosum of the parotid region with an unusual anomaly of the mandible A BIANCHINI Ann ital di chir 1925 iv 697

### Eye

Report of a case of perforating wound of the eye with retention of a piece of glass R COLLEY Brit M J 1925 ii 382

Ophthalmic disorders of endocrine origin in women  
O R LOURIE Arch Ophth 1925 liv 469  
Ophthalmic signs in common nervous diseases W F STELL Practitioner 1925 cxv 218  
Optic neuropathy and sphenothmoid disease C M MILLER Laryngoscope 1925 xxxv 687  
Visual hallucinations in sane people A W ORMOND

Notes on the genesis of myopia G LEVINSOHN Arch Ophth 1925 liv 434  
The percentage evaluation of macular vision A C SNELL and S STERLING Arch Ophth 1925 liv 443  
The diagnosis of blindness a survey of 104 eyes E JACKSON J Am M Ass 1925 lxxxiv 734  
Disturbances of vision due to digitalis a review of the literature and a report of cases H B SPRAGUE P D WHITE and J F KELLOGG J Am M Ass 1925 lxxxv 716  
A rotary bifocal G W VANDEGRIFT Am J Ophth 1925 35 viii 724  
The arrest of luetic optic atrophy by the cisternal injection of mercury N VINER and S O McMURTRY Canadian M Ass J 1925 xv 910  
The treatment of ocular syphilis R L REA Brit M J 1925 ii 509  
Head pains of ocular origin R O CONNOR California & West Med 1925 xxxii 1152  
Discussion on ocular pain A F FERGLS Brit M J 1925 ii 506  
Direct observation in the eye of the circulation of the blood and its movements applications to the study of arterial sclerosis aortic insufficiency and glaucoma and their capillary changes E P FORTIN Semaine méd 1925 xxxii 126

### Eye

Report of a case of perforating wound of the eye with retention of a piece of glass R COLLEY Brit M J 1925 ii 382



Various factors bearing upon the pathological <sup>an</sup>gin starting from the interlobular septa occurs.

Piney A. Changes in the Blood and Blood Forming Organs as a Result of Irradiation *Brit M J* 1925 II 343

aplastic anemia <sup>the</sup> blood is

probably the following

- 1 A direct effect in the form of destruction of cells
- 2 An indirect effect in the form of a more selective injury to parent cells which are producing normal offspring
- 3 Another effect in the form of a more normal regulation of the production and emigration of normal cells

# BIBLIOGRAPHY of CURRENT LITERATURE

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## SURGERY OF THE HEAD AND NECK

### Head

- Fracture of the skull an analysis of 171 proved cases the diagnosis and treatment of a associated brain injury C W RAND and J M NIELSEN Arch Surg 1925 ii 434 [7]
- Invading osteitis of the bony tables of the cranium FRANCHINI Rev Soc argent de otorrinolaringol 1925 18 [8]
- Cranial surgery among the early inhabitants of Peru E BELLO Rev méd Lat Am 1925 x 1010 [8]
- Disturbance of vision due to digitalis a review of the literature and a report of cases H B SPRAGUE P D WHITE and J F KELLOGG J Am M Ass, 1925 lxxxv 716
- A rotary bifocal G W VANDEGRIFT Am J Ophth 1925 38 viii 724
- The arrest of luetic optic atrophy by the cisternal injection of mercury N VINER and S O McMURTRY Canadian M Ass J 1925 xv 910
- The treatment of ocular syphilis R. L. REA Brit M J 1925 ii 509
- Head pains of ocular origin R O CONNOR California & West Med 1925 xxiii 1152
- Discussion on ocular pain A F FERGLIS Brit M J 1925 ii 506 [8]
- An operation for glaucoma J STEFANSON Am J Ophth 1925 38 viii 681 [8]
- A new operation for displaced fractures at the neck of the mandibular condyle S L SILVERMAN Dental Cosmos 1925 lxxvii 876
- Angioma cavernosum of the parotid region with an unusual anomaly of the mandible A BIANCHINI Ann ital di chir 1925 iv 697
- Report of a case of perforating wound of the eye with retention of a piece of glass R COLLEY Brit M J 1925 ii 382

Binocular diplopia J. ADROGÉ Rev. Soc. argent. de

The treatment of non-suppurative deafness. J. A. BARNETT Atlanta M. J. 1925 xxxiv, 821

Electrical transmission of sound F. S. DELLEBACCH Ann. Otol. Rhinol. & Laryngol. 1925 xxxiv 781

The non surgical treatment of ear, nose and throat diseases D. H. WALKER Ann. Otol. Rhinol. & Laryngol. 1925 xxxiv 744

The influence of climate in the non surgical treatment of

On the report of a case of a tumor of the maxilla and sphenoids F. H. VALCHY Texas State J. M. 1925 xxi 318

1925 lxx 1925 lxx 1925 lxx 1925 lxx

1925 lxx 1925 lxx

Two cases of non-traumatic cysts of the anterior chamber D. J. WOOD Brit. J. Ophth. 1925 ix 450

Syphilis and iritis. H. D. BRENS Arch. Ophth. 1925 liv 462

Cyst of the lens R. E. WRIGHT Brit. J. Ophth. 1925 ix 454

1925 lxx 1925 lxx 1925 lxx 1925 lxx

1925 lxx 1925 lxx

Cataract extraction in Egypt A. F. MACCALLAN Lancet

1925 lxx 1925 lxx

A case of complete bony and cutaneous atresia of the two external auditory canals plastic operation recovery M. IABRONI Rassegna Internaz. di Clin. e Terap. 1925 vi 454

1925 lxx 1925 lxx

Chemotherapy in otitis media E. M. SCHWARTZ Ann. Otol. Rhinol. & Laryngol. 1925 xxxiv 932

Zinc ionization in the treatment of chronic purulent otitis media C. E. GRANDBERRY New Orleans M. & S. J. 1925 lxx 1925 lxx

A universal coupling for irrigating cannulae in otolaryngology L. M. HURD Ann. Otol. Rhinol. & Laryngol.

## Ear

Certain diagnostic problems in otology H. I. LILLIE and C. M. ANDERSON Surg. Clin. N. Am. 1925 855

1925 lxx 1925 lxx 1925 lxx 1925 lxx

Laryngol. 1925 xxxiv 776

A clinical study of bone conduction after the method of Runge J. V. DOWNEY JR. Arch. Otolaryngol. 1925 ix 260

Otorhino-odontology and the active treatment of deafness L. DELALBRE Internat. J. Orthodont. Oral Sur. & Radiography 1925 xi 815

Ann. Otol. Rhinol. & Laryngol. 1925 xxxiv 749

1925 lxx 1925 lxx

Four cases of a circular vertigo treated surgically H. TANT DUBAND and AUBRY Arch. Internat. de Laryngol. 1925 xxxi 862

- Breath sounds over mastoid cells J R LEWIS J Med  
Ass Georgia 1925 xiv 375  
A case of syphilitic mastoiditis J LAPOLCE Arch  
internat de laryngol 1925 xxxi 692  
Chronic purulent mastoiditis M F MCCARTHY Cin  
cinatti J M 1925 vi 342  
Mastoiditis in infants LE MÉN and BLOCH Arch in

- Roentgenography of a chronic frontal closed sinusitis  
LEVESQUE Arch internat de laryngol 1925 xxxi 852  
Multiple fronto-ethmoidal mucocoeles BALDENWECK

1925 xxxv 675

nd S GREEN

to local anes-  
& S J 1925

lxviii 137

- Abscess of the ga serian ganglion complicating mastoi-  
dectomy for acute suppurative mastoiditis death autopsy  
C SMITH Ann Otol Rhinol & Laryngol 1925 xxxiv  
938

### Nose and Sinuses

- The present-day advance in plastic surgery with special  
reference to the correction of deformities of the nose and  
about the orbit J P DE RIVER Ann Otol Rhinol &  
Laryngol 1925 xxvii 904  
Surgery of the deformities of the nose L DUFOUR

Otol 1925 xl 561

- Paroxysmal rhinorrhoea J ADAM J Laryngol & Otol  
1925 xl 577

- Vasomotor rhinitis A B KELLY J Laryngol & Otol  
1925 xl 568

HUL

M

1925

xxiv 800

- Eruption of a canine tooth into the nasal fossa attended  
by rhinitis caseosa P H ASERCROMBIE J Laryngol &  
& Otol 1925 xl 586

- Nasal calculi F W BAILEY Ann Otol Rhinol &  
Laryngol 1925 xxxiv 814

- The pathogenesis of polyposis nasi A O FREEDMAN

- Intranasal surgery with relation to the turbinates L  
H JONES New Orleans M & S J 1925 lxxvii 122  
Catarrh or sinusitis N I STAUFFER Laryngoscope  
1925 xxxv 697

- The paranasal sinus as a focus of infection in children  
E C MITCHELL South M J 1925 xxvii 680

- Sinusitis in children H R LITHERIDGE Virginia M  
Month 19 5 lu 373

- Acute frontal sinusitis orbitalpebral phlegmon and  
cerebral abscess A TARASID Rev Soc argent de oto-  
rinolaringol 1925 i 23

- The non surgical treatment of nose and throat diseases  
P G GOLDSMITH Ann Otol Rhinol & Laryngol 1925  
xxxiv 727

### Mouth

- Harelip and total palatine fissure BOSCH ARANA  
BROUCA and LERICE Bol y trab Soc de ciruj de Buenos

Radiology 1925 v 250

1143

- Black hairy tongue (lingua nigra pilosa) with a report of  
a case C H CHRISTOPH Ann Otol Rhinol & Laryngol  
1925 xxxiv 949

- Cysts of the tip of the tongue P L LERECART Rev  
Soc argent de otorrinolaringol 1925 i 15

925 lxxxv 900

## Pharynx

- BASLEY *Laryngoscope* 1925 xxiv 711  
 Chronic tonsillitis and its treatment DAVID-GALATZ  
*Arch internat d laryngol* 1925 xxxi 833  
 A review of radiotherapy for chronic tonsillitis J W  
 BASCOCK *Ann Otol Rhinol & Laryngol* 1925 xxiv  
 854

- M. Ass. 1925 xiii 128  
 A plea for the more general use of local anesthesia in ton-  
 silectomy W H BARNES *Laryngoscope* 1925 xxiv 706  
 Tonsilectomy in rural practice L A HILBERT M. d.  
*J & Rec* 1925 cxvii 252

## Neck

- Injury to the neck A WATKINS *Med J Australia*  
 1925 ii 127

- See med 334  
 Hypothyroidism W A TAYLOR *Northwest Med*  
 1925 xxiv 422  
 The thyroid problem in Japan L ASCHOFF *Arch. i*  
*path Anat* 1925 ccliv 842  
 Virulent strumitis M MATUS *Bol Soc de cirug de*  
*Chile* 1925 i-93  
 The instrumentation of tonsillar or in H BOLER and M  
 CAMPBELL *Arch. d med cirug y e p c i* 1925 xx 49  
 Thyroid tumors J ISDELL *Ann ital di chir* 1925 i  
 61

- xlvii 301  
 Some studies on the incidence of goiter among school  
 children in Manitoba T C HAMILTON *Canadian M*  
*A.S.J.* 1925 iv 1017  
 The value of the blood settling time in goiter J L DE  
 COURCEY *Chicago M Rec* 1925 xlvii 311  
 Classification of goiters on a pathological and clinical  
 basis A E. HERTZLER. *Am J Surg* 1925 xxvii 215

- 1925  
 Factors influencing the morbidity and mortality of ex-

- 1925 xxiv 419  
 Remarks on surgery of the thyroid R V HERVANDER  
*Rev de cirug* 1925 iv 205  
 Complications incident to the operative treatment of  
 simple goiter A P HEINECK *Med Times*, 1925 i-  
 221  
 Operative and postoperative complications of subtotal  
 thyroidectomy A P HEINECK. *Am Med* 1925 xxxi  
 529

- Radiotherapy of diffuse papillomata of the larynx H A  
 PHEN *Arch. internat de laryngol* 1925 xxxi 848  
 Cancer of the larynx A. A. CAMPBELL. *Canadian M*  
*A.S.J.* 1925 x 939  
 Laryngectomy V TANTUZZI *Ann ital. di chir* 1925  
 vi 504  
 Total laryngectomy in laryngeal cancer R BUTOIANU and  
 STOIAN *Rev de chir Buchar t* 1925 xiv, 97



1925 iii 160

Anterior displacement of the ulnar nerve A. GUTIERREZ

1925 v 1077

The effect of blocking of the phrenic nerve O. GOETZ, Arch. f. klin. Chir. 1925 cxxxiv 595

Sciatica treated by epidural injection W. B. MARDURY Virginia M. Month. 1925 li 366

## Sympathetic Nerves

M

P

1925

[14]

iv 448.

Muscle tone and the sympathetic nervous system F. M. R. WALSH Med. Sc. Abst. &amp; Rev. 1925 xii 437

The surgery of muscle tonus P. WERTHEIMER J. de chir. 1925 xxvi 1 [14]

Spastic paralysis of infancy and childhood including a preliminary report on the sixteen cases operated upon in

1925

Mammary gland  
Specimen

J. Surg.

1925 444 24

Radical in breast cancers B. J. LEE and R. L. HERGEN, Ann. Surg. 1925 lxxxii 404 [15]

Deep roentgen ray therapy of mammary carcinoma W. A. EVANS and T. LECUTHIA Am. J. Roentgenol. 1925 xiv 135

An easy method of inducing local anesthesia for simple amputation of the breast J. S. LUNDY J. Am. M. Ass. 1925 lxxxv 821

Further experience in cancer of the breast B. B. DAVIS Surg. Gynec. &amp; Obst. 1925 xli 342 [15]

lxxxv 950

Sympathectomy and nerve stretching in a case of multiple ulcers of the foot recovery L. DE GAETANO Rassegna internaz. di clin. e terap. 1925 vi 443

## Miscellaneous

Headache—medical aspects R. I. LEE Ann. Otol. Rhinol. &amp; Laryngol. 1925 xxxiv 682

Headaches (neurological aspects)—the significance of pressure in the causation of headache J. B. AYER Ann. Otol. Rhinol. &amp; Laryngol. 1925 xxxiv 689

Headaches and cranial neuralgias—endocrine aspects C. H. LAWRENCE Ann. Otol. Rhinol. &amp; Laryngol. 1925 xxxiv 694

W

A

E

1925 xxxiv 715

Headaches—the nasal aspect R. H. SKILLERN Ann. Otol. Rhinol. &amp; Laryngol. 1925 xxxiv 917

The surgical treatment of habitual criminals imbeciles, perverses, paupers, morons, epileptics and degenerates A. J. OCHSNER Ann. Surg. 1925 lxxxii 321

1925 lxxxii 321 I. H. MARCUS

M. Ass. 1925 lxxxv 820

## SURGERY OF THE CHEST

## Chest Wall and Breast

## Trachea, Lungs and Pleura

The treatment of a perforating wound of the thorax C. CALDERÓN Med. Ibera 1925 ix 9

The mineral water of Mont Dore and the respiratory mucosa L. CASTELNAU Arch. internat. de laryngol. 1925 v 6

1925

Mammary gland  
Specimen

J. Surg.

1925 444 24

Radical in breast cancers B. J. LEE and R. L. HERGEN, Ann. Surg. 1925 lxxxii 404 [15]

Deep roentgen ray therapy of mammary carcinoma W. A. EVANS and T. LECUTHIA Am. J. Roentgenol. 1925 xiv 135

An easy method of inducing local anesthesia for simple amputation of the breast J. S. LUNDY J. Am. M. Ass. 1925 lxxxv 821

Further experience in cancer of the breast B. B. DAVIS Surg. Gynec. &amp; Obst. 1925 xli 342 [15]

772

bronchoscopic syringe R M LUKENS Laryngoscope  
1925 xxxv 716  
The operative treatment of bronchial fistula and lattice  
lung LEBSCHZ 49 Tag d deutsch Ges f Chir Berlin  
1925

aged 10 years J A ABI Am J Dis Child 1925 xxx 347  
Chronic bronchitis T T SHEPPARD Atlantic M J  
1925 xxxiii 833

278 [16]

Surg 1925 ii 394  
A large streptococcal abscess of the lung spontaneous re-  
covery A LEMIERRE LÉON KINDBERG and L BERNARD  
Bull et mém Soc méd d hôp de Par 1925 xli 104  
Streptococcal abscess of the lung recovery after vomit-  
ing C ACHARD and J MOTZON Bull et mém Soc méd  
d hôp de Par 1925 xli 094  
Posture for bronchial drainage N NEILD Brit M J  
192 ii 504  
Pulmonary surgery by the natural route the bron-

315  
Surgical treatment of tuberculosis results of the opera-  
tion of extrapleural thoracoplasty L ARCHIBALD J Am  
M Ass 1925 l xvi 662  
Thoracoplasty in advanced pulmonary tuberculosis  
W WHITMORE Boston M & S J 1925 cxviii 547  
Artificial pneumothorax in pulmonary gangrene P  
AMELILLE and L TEISSIERE Bull et mém Soc m d d  
h p de Par 1925 xli 1139  
J  
Spontaneous pneumothorax T H KELLY Lancet  
1925 ccix 496

de Par 1925 xli 871  
False hydrothorax of sciti or gun and the mistake of  
trans thoracic evacuation (periton al fluid A RICCALDONI  
Bull et mém Soc m d d hôp de Par 1925 xli 1126  
The roentgen spect of empyema in children J R  
CARTY and C LIEBMAN Am J Roentgenol 9 5 xv 215

Types of empyema F G CHANDLER Brit M J 1925  
ii 336  
Essentials for successful treatment of empyema T T  
HIGGINS Brit M J 1925 ii 338  
Empyema of the pleura and rivanol P ROSENSTEIN

THÉVE

Γ J

## Heart and Pericardium

Tuberculous pericarditis with effusion treated success-  
fully by intrapericardial injections of lipiodol N FIES  
SINGER and A LEMURF Bull et mém Soc méd d hôp  
de Par 1925 xli 1135

The treatment of exudative pericarditis with pneu-  
mopericardium P F ZUCCOLA Informa med 1925 xli  
607

The results of pericardiectomy in chronic retractive peri-  
carditis SCHMIEDEN 49 Tag d deutsch Ges f Chir  
Berlin 1925 [16]

The effect of plastic operations on the pericardium upon  
artificially produced diseases of the heart in animals  
FELIX 49 Tag d deutsch Ges f Chir Berlin 1925

## Œsophagus and Mediastinum

Methods of œsophageal diagnosis J M MADENAVEITIA  
Prog de la clin Madrid 1925 xxxii 13

The management of erosion of the œsophagus H  
C

Clinical and experimental studies of mediastinal em-  
physema JENY 49 Tag d deutsch Ges f Chir Berlin  
1925

The management of suppurative processes of the medi-  
astinum SEIFFERT 49 Tag d deutsch Ges f Chir  
Berlin 1925

Report of two mediastinal tumor cases (1) Hodgkin's  
disease in the anterior mediastinum (2) carcinoma of the  
intrathoracic portion of the œsophagus in the posterior  
mediastinum R B BETTMAN Surg Clin N Am 1925  
v 1037

The extirpation of tumors in the upper portion of the

chir 1925 ii 606

Compensatory hypertrophy of the thymus gland in the  
rat J MARNORSTON GOTTESMAN and H L JAFFE J  
Exper Med 1925 xli 413

## Miscellaneous

Intrathoracic lesions simulating abdominal conditions  
J Q CHAMBERS J Missouri State M Ass 1925 xxii  
353

Thoracic pain G SWETLOW Med J & Rec 1925  
cxviii 309



## SURGERY OF THE ABDOMEN

## Abdominal Wall and Peritoneum

Causes of gastric secretion A C Ivy J Am M Ass  
1925 lxxxv 877

lxxxv 94

Am 1925 v 1053

The neoplastic form of retractile mesenteritis A

Enteropneumosis P MASSON Rev m d

LYNFRABIDE Rev Soc med intern 1925 i 287

WERESCHINSKI Arch f path Anat 1925 clv 196

## Gastro Intestinal Tract

The examination of patients with gastro intestinal  
symptoms H H FELLOWS Med Clin N Am 1925 i  
537

Med Clin

all 1925 i

SATTERLEE

M GOLDS

disease W

GOLDIE H WILSON J  
Polypoid of the gastro-intestinal tract E BOUVIER

Arch f klin Chir 1925 cxxxiv 763

Reducing the surgical risk in some gastro-intestinal con-  
ditions T G OERLAND R L HADEN J Am M Ass 1925  
lxxxv 813

AEREN-SCHWIMM Med Klin 1925 ii 196

The medical treatment of pyloric stenosis of infants.  
W C DAVISON Bull Johns H pkins Hosp Balt 1925  
xxxvii 157Ileilemonous gastritis. R. BLUM Deutsche med.  
Wchschr 1925 li 434Acute surgical conditions of gastric origin A E HERTZ  
LER J Missouri State M Ass 1925 xxii 345The importance of the mechanical elements in the de-  
velopment of a gastric ulcer fatigue hypotony and sit-  
otony as the causes of ulcer F J KAISER Arch f klin

xxii 356

Nuclei of the greater curvature of the stomach reports  
of two cases C C SUTHERLAND Radiology 1925 v 243The diagnosis and treatment of hour glass stomach.  
K A MEYER and W A BRAMS Surg Clin N Am 1925  
v 105The present status of the treatment of ulcer of the  
stomach F L KICO Rev med de Seville 1925 xlii 33Gastric and duodenal ulcers with medical treatment.  
J D CRAY J Med Ass Georgia 1925 xiv 362Foreign protein therapy in gastric and duodenal ulcer  
F BAARKE Mitt a d Ger z b d Med u Chir 1925  
xxviii 404Pent in therapy f r gastric and duodenal ulcers L 104  
FRIEDRICH Muenchen med Wchschr 192 lxxii 425Ulcers of the stomach and duodenum surgical diagnosis  
P H CHANEY J M d Ass Georgia 1925 xiv 370

Ann Surg 1925 lxxxv 41

Obstruction of gastro-enterostomy stomata MOUTCHER  
CHAKER and ZIA Paris chir 1925 xvii 223

1925 li 749

Two forms of mild peritoneal reaction in gastric surgery:  
 vicious circle and acute gastric dilatation. X DELORE J  
 CREYSEL and J DE KOLCEMONT. Rev de chir. Par.  
 1925 xlv 405 [19]

Non-carcinomatous tumors of the stomach. K. A.  
 MEYER and W. A. BRAM. Surg. Gynec. & Obst. 1925  
 xli 311

Diaphragmatic and diverticular myoma of the stomach.  
 A. CLEVE. Arch. f. path. Anat. 1925 cclv 373.

185

Sporothrix infection of the large intestine and finger

R. T. D. J. F. M. D. N. J.

I

1925 209

Tumors of the large bowel. A. PRIMROSE. Canadian M.

I

222 133

Intraesenteric perforation of an intestinal ulcer. A.  
 WINKELBAUER. Wien klin. Wchnschr. 1925 xxxviii 306

193

The ultimate fate of disused portions of intestine after  
 complete short circuiting operations. J. I. STRETTON.  
 Practitioner 1925 cxv 213

Th. H. C. f. l. e. n. c. m.

I

I

I

Intestinal obstruction due to a gallstone volvulus

41

Acute appendicitis peritonitis (general) ileo appendi-  
 cal fistula: report of a case. B. T. BEASLEY. J. Med. Ass.  
 Georgia 1925 xiv 375

Appendicitis in the aged. U. MAES. New Orleans M. &  
 S. J. 1925 lxxii 117 [23]

Appendicitis in old age. L. SCHÖENBAUER. Wien med.  
 Wchnschr. 1925 lxxv 751

Acute appendicitis in the aged. F. C. FORSTER. Brit.  
 M. J. 1925 ii 479

Acute appendicitis in children. A. W. ALDERSON. Ne-  
 braska State M. J. 1925 x 347

A case of appendicitis in a child suffering from periodic

I

I

111 1925 v 911

Discussion on the mortality of appendicitis. J. E. ADAMS,  
 R. J. McNEILL, C. A. R. NITCH, C. ROWNTREE, A. L.  
 KOCHE and others. Proc. Roy. Soc. Med. Lond. 1925  
 xviii Sect. Surg. 51 [23]

The technique of abdominal section for appendicitis  
 which has abscessed. W. F. GRINSTEAD. J. Missouri State  
 M. Ass. 1925 xxi 361

Observations on 1000 appendectomies. M. T. FIELD.  
 Boston M. & S. J. 1925 cxviii 490

Th. A.

Cancer of the appendix H M MORAN Med J Austr  
1925 11 195

DO ANI DOLO DOI J REA DOU DECIUO U BUENOS AIRES  
1925 11 212

DRECK Am J Surg 1925 xxvii 222

Proctitis and proctocolitis C J DRECK Am Med  
1925 11 49

Congenital abnormalities of the intestine intestinal

Seventeen cases of abdominoperineal amputation of the  
rectum for cancer systematic lowering of the upper end to  
the perineum L DESCOURTIS Bull et mém Soc nat de  
chir 1925 li 699 [23]

Open operation for anorectal fistula technique and  
advantages of the excision method for anal and anorectal  
fistula J R FENNINGTON Surg Clin N Am 1925  
1923 [24]

The treatment of hemorrhoids by the strangulation and  
snipping method D I KERR Indian Med Gaz 1925 lx  
1921

A vaginal aneurysm with a report of a successful operation cure  
H W CAYL Virginia M Month 1925 liii 342

### Liver Gall Bladder Pancreas and Spleen

Diseases of the liver I A survey of tests for hepatic  
function C H GREEN A M SWELL and W WAITERS  
Arch Int Med 1925 xxvii 248

Diseases of the liver II A comparative study of cer-  
tain tests for hepatic function in experimental obstructive  
jaundice A M SWELL C H GREEN and L C ROWEN

418 Diseases of the liver I A survey of tests for hepatic  
function C H GREEN A M SWELL and W WAITERS  
[25]

419 Diseases of the liver II A comparative study of cer-  
tain tests for hepatic function in experimental obstructive  
jaundice A M SWELL C H GREEN and L C ROWEN  
[26]

420 Diseases of the liver I A survey of tests for hepatic  
function C H GREEN A M SWELL and W WAITERS  
[27]

421 Diseases of the liver II A comparative study of cer-  
tain tests for hepatic function in experimental obstructive  
jaundice A M SWELL C H GREEN and L C ROWEN  
[28]

422 Diseases of the liver I A survey of tests for hepatic  
function C H GREEN A M SWELL and W WAITERS  
[29]

423 Diseases of the liver II A comparative study of cer-  
tain tests for hepatic function in experimental obstructive  
jaundice A M SWELL C H GREEN and L C ROWEN  
[30]

The nature of hepatic colic J VILARDELL Rev med d

cirug y e peccid 1925 xix 430

Suppuration in a hydatid cyst of the liver operation  
recovery W DRUMSTEE Brit M J 1925 11 346

Hepatic calculosis R C TORRES Semana med 1925  
xxii 354

1925 xviii 93

1925 Recent advertisements in cholecystography W H  
STEWART M LEVINE and F J RYAN Radiology 1925  
v 22

The oral administration of tetraiodophenolphthalein  
for cholecystography T O MENDES and H C ROBINSON  
Radiology 1925 v 211

The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

1925 The clinical picture of cholelithiasis induced by bacterial  
enterocolitis N B FOSTER Med Clin N Am 1925 11  
325

Calcification of the gall bladder B W BAYLESS and C SKINNER Internat J Med & Surg 1925 xxxviii 305  
 Malaria and biliary lithiasis O CIGNOZZI Riforma med 1925 xli 652

M ACUNA

Boston M

in N Am

1925 x 895

Splenectomy for purpura hemorrhagica M B CLOR  
 TON Ann Surg 1925 lxxvii 413

Chronic purpura hemorrhagica cured by splenectomy  
 A CHAFFARD and P DUVILL Presse m d Par 1925  
 xxxiii 961

## Miscellaneous

Endoscopy of the abdomen abdominoscopy a pre

xxii 103

de

vi

Cv

1925 i 369

Two cases of occlusion of the bile ducts in infants W  
 M FELDMAN Brit J Child Dis 1925 xxii 215

A simple procedure for the diagnosis of common duct  
 stone with obscure symptoms J LLEWELLYN and D BER  
 CEANL Rev de chir Par 1925 xlii 422 [28]

Studies of the bil tract Iv The relation of common

I Inflammatory ulcers of the ceco appendicular  
 region their diagnosis SALVI Bull et mem Soc nat de  
 chir 1925 li 638

Subphrenic abscess a clinical study L TUFF Am J  
 M Sc 1925 clxx 431

Subphrenic abscess on the right side LAURET Paris  
 chir 1925 xlii 225

A case of amoebic subphrenic abscess A J HEMDEN  
 REICH and R I REPETTO Rev Soc med interna 1925  
 vi 275

Spontaneous pneumoperitoneum M P MACCHARLES  
 Canadian M Ass J 1925 xv 943

The treatment of some abdominal conditions with the  
 inflation of oxygen gas R S GREWAL Indian M Gaz  
 1925 lx 421

Abdominal surgery in the phthisical patient J B  
 HARTWELL Colorado Med 1925 xxiii 324

Abdominal surgery in diabetes D F JONES L S Mc  
 KITTRICK and H I ROOT J Am M Ass 1925 lxxv  
 809

Experiences with the Perthes ptosis operation E  
 FALL Arch f klin Chir 1925 cxxvii 698

An encysted surgical sponge T I FOLEY Illinois M J  
 1925 xliiii 243

Diaphragmatic hernia report of a case occurring with  
 an intrathoracic neoplasm compressing the right phrenic  
 nerve J C WHITE Bull Johns Hopkins Hosp Balt

1925 lxxv 947

The importance of prognosis in some acute abdominal sur  
 gical conditions R E SAEEL California & West Med  
 1925 xxiii 1144

## GYNECOLOGY

## Uterus

HERMANN

us I

The results of a questionnaire on the subperitoneal  
 Culliam operation performed during the last six years B

So

1

ret

19

Prolapse of the uterus J H BERNIE Boston M & S J  
1925 xciii 453  
LeFort's operation C MEYER Bull Soc d obst et de

A case of acute spontaneous inversion of the uterus W  
C BYRNES Bull Buffalo Gen Hosp Buffalo N Y  
1925 iii 35

— — — — — Rom 1925 xiv 458

G — — — — — Can er of the uterine body vaginal hysterectomy F

Cf — — — — — FOURNIER Bull Soc d obst et de gynéc de Par 1925

ut — — — — — Complete hysterectomy in cancer of the uterus new is

1925 — — — — — technique J DEFOURVILLE Bull et mém Soc na

— — — — — de chir 1925 li 831

— — — — — A case of uterine sarcoma GUYOT VILLAR and De

1925 — — — — — BRETHER Bull Soc d obst et de gynéc de Par 1925

— — — — — 378

— — — — — Hysterectomy C R. ROBINS Virginia M Month

1925 li 347

— — — — — Abdominal hysterectomy H HARTMAN Gynec in

1925 iv 3

— — — — — Vaginal hysterectomy with peritonization of the broad

1925 — — — — — ligaments and ligation of their vessels A CORTES Gynec

et obst 1925 xii 23

— — — — — Lesions of the cervical stump after subtotal hysterec

1925 — — — — — tomy F GILVOLA and L. POLLOSOV Lyon chir 1925

— — — — — xxi 330

— — — — — Two observations of cancer developing on the uterine

1925 — — — — — cervix left after subtotal hysterectomy J R. ROUPE Bull

Soc d obst et de gynéc de Par 1925 xiv 361

— — — — —

— — — — —

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### Adnexal and Perilutrine Conditions

Multilocular serous cysts in the pouch of Douglas (one of them suppurating) S L. BARMAN Bo Soc ut ob y  
gynec de Buenos Aires 1925 iv 209

Three cases of fibroma of the isthmus D. A. R. N. and  
HARNARDLIG Bull Soc d obst et de gynéc de Pa 1925

xiv 564.

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— — — — —

## External Genitalia

New ideas upon the histophysiology of the ovary apart from the pregnant state P LOUIN Presse m'd Par 1925 xxiii 785

A case of supernumerary ovary SWINGEDAUV and HOUCLÉ Bull Soc d obst et de gynéc de Par 1925 xiv 530

Feminine eunuchoidism R A IZZO Rev méd Lat 1925 xiv 530

Cysts of the ovary and the left parovarium J P TOURNEUX and R SORÉL Bull Soc d obst et de gynéc de Par 1925 xi 543

iv 212

Am 1925 v 1127

Transverse obstruction of the vagina with aplasia D A ROJAS Bol Soc de obst y gynec de Buenos Aires 1925 iv 183

The treatment of vaginal cystocele by a new method of anterior colporrhaphy M DA FONSECA Rev de gynéc et obst 1925 xiv 210

Permanent occlusion of an intractable vesicovaginal

1925 xcv 55

## Miscellaneous

The pelvic sympathetic nerves their anatomy and topography C F ROPHILLE Semana méd 1925 xxiii 221

Some interesting gynecological problems E DUNLEP Te 1925 xiv 55

fen

(

cxiii 324

A case of genital prolapse with rectocele LEFÈVRE and MANGE Bull Soc d obst et de gynéc de Par 1925 xiv 462

A graft on a symphysectomized pelvis with resulting genital prolapse VAUTRIN Bull Soc d obst et de gynéc de Par 1925 xiv 536

The reciprocal relation between the ovarian and menstrual cycle T WICZYNSKI Zentralbl f Gynaek 1925 xlv 419

Dysmenorrhoea and sterility A J PAVLOVSKY and I B PIERES Bol Soc de obst y gynec de Buenos Aires 1925 iv 212

The treatment of functional dysmenorrhoea C V EZZELL Texas State J M 1925 xxi 296

The metrorrhagias of girls and young women A SIREDEY Cyné 1925 xiv 530

1

cxiii 1925 xxii 368

Pelvic cysts following total castration for pyosalpinx A CHALIER Lyon chir 1925 xiii 371 [37]

The sedmentation test in gynecology J L BAER and R A REIS Am J Obst & Gynec 1925 x 397

553 Several cases of infected ovarian cyst P BURGER Gynécologie 1925 xxiv 364 [35]

The intraperitoneal rupture of ovarian cysts DAMBRIN and BERNARD-DEIG Bull Soc d obst et de gynéc de Par 1925 xiv 479

A large bilateral dermoid cyst of the ovary with pregnancy at the fourth month and uterine fibromata CHAR BONNEL and COSTEDOUX Bull Soc d obst et de gynéc de Par 1925 xiv 369

Th 1925 xiv 369

443 Intraligamentous cysts of the ovary of subperitoneal evolution MÉRÉL Bull Soc d obst et de gynéc de Par 1925 xiv 485

The operative technique for the removal of intraligamentary ovarian cysts A BEUTNER Gynécologie 1925 cxiii 65 129 [35]

A 1925 xiv 485

443 Intraligamentous cysts of the ovary of subperitoneal evolution MÉRÉL Bull Soc d obst et de gynéc de Par 1925 xiv 485

The operative technique for the removal of intraligamentary ovarian cysts A BEUTNER Gynécologie 1925 cxiii 65 129 [35]

A 1925 xiv 485

443 Intraligamentous cysts of the ovary of subperitoneal evolution MÉRÉL Bull Soc d obst et de gynéc de Par 1925 xiv 485

The operative technique for the removal of intraligamentary ovarian cysts A BEUTNER Gynécologie 1925 cxiii 65 129 [35]

A 1925 xiv 485

443 Intraligamentous cysts of the ovary of subperitoneal evolution MÉRÉL Bull Soc d obst et de gynéc de Par 1925 xiv 485

The operative technique for the removal of intraligamentary ovarian cysts A BEUTNER Gynécologie 1925 cxiii 65 129 [35]

A 1925 xiv 485

443 Intraligamentous cysts of the ovary of subperitoneal evolution MÉRÉL Bull Soc d obst et de gynéc de Par 1925 xiv 485

The operative technique for the removal of intraligamentary ovarian cysts A BEUTNER Gynécologie 1925 cxiii 65 129 [35]

A 1925 xiv 485

443 Intraligamentous cysts of the ovary of subperitoneal evolution MÉRÉL Bull Soc d obst et de gynéc de Par 1925 xiv 485

The operative technique for the removal of intraligamentary ovarian cysts A BEUTNER Gynécologie 1925 cxiii 65 129 [35]

A 1925 xiv 485

443 Intraligamentous cysts of the ovary of subperitoneal evolution MÉRÉL Bull Soc d obst et de gynéc de Par 1925 xiv 485

The operative technique for the removal of intraligamentary ovarian cysts A BEUTNER Gynécologie 1925 cxiii 65 129 [35]

High voltage roentgen ray therapy in gynecological practice R E FRUCKE J Radiol 1925 vi 304

Roentgen ray induced sterility and the production of genetic modifications L H SYNDER Am J Roentgenol 1925 xiv 41

Radium in gynecology FENWICK N Zealand M J 1925 xiv 103

The radiation treatment of gynecological carcinoma G C J SCHULTEN and F VOLTZ Munchen med Wchnschr, 1925 lxvii 6

The results of early operation in acute pelvic infection in women D H DOWDNEY Internat J Med & Surg 1925 xxviii 300

Gynecological case which demonstrates the usefulness of Pachon's method in surgery J LAUREN Gynecologie, 1925 xiv 305

Mikulicz drainage VANVERTS Bull Soc d'obst. et de

1925

Gynecological operations. K. FRANZ Berlin Springer 1925

## OBSTETRICS

### Pregnancy and Its Complications

ROUVIER Bull Soc d'obst. et de gynéc. de Par 1925 xiv 419

Two cases of pregnancy after Dastigues operation H PALCOT Bull Soc d'obst. et de gynéc. de Par 1925 xiv 533

Antenatal study A M WILSON Med J Australia 1925 li 198

The psychology of pregnancy H HEBERER Zentralbl f Gynaek 1925 xix 377

Röntgenography of the fetus during gestation FAVREAU Bull Soc d'obst. et de gynéc. de Par 1925 xiv 450

The diagnosis of a periteton based on roentgenography R JARDIN Bull Soc d'obst. et de gynéc. de Par 1925 xi 444

— — — — — JACOB

— — — — — BOLLIE

— — — — — R Med J

The necessity of watchful medical care and of hospitalization — — — — — Par de

— — — — — Par de

— — — — — Par de

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— — — — — Par de

— — — — — Par de

— — — — — Par de

— — — — — Par de

The treatment of pyelonephritis of pregnancy by an autovaccine administered by mouth A SCHWAAB and R JARDIN Bull Soc d'obst. et de gynéc. de Par 1925 xi 442

Rapidly fatal outcome in the course of albuminuria of pregnancy VORON and BUNASLOV Bull Soc d'obst. et de gynéc. de Par 1925 xiv 300

Severe albuminuria unaffected by a milk and water diet premature labor mother and child living LAURENTE Bull Soc d'obst. et de gynéc. de Par 1925 xiv 531

Pernicious vomiting E P ALLEN J Oklahoma Stat M Ass 1925 xviii 309

A case of pernicious vomiting treated by insulin and Einhorn's tube CHOMÉ and LAFFONT Bull Soc d'obst. et de gynéc. de Par 1925 xiv 460

A case of intractable vomiting in pregnancy which was treated with insulin J J DARTIER Semaine med 1925 xviii 1235

Two cases of pernicious vomiting of pregnancy successfully treated by Henrotay's method LE LORIER Bull Soc d'obst. et de gynéc. de Par 1925 xiv 507

Eclampsia S A SALTZKY Gynec. et obst. 1925 xi 429

Further eclampsia material with reference to the brain pressure theory J WIELOCH Arch f Gynaek 1925 cxxiii 337

Severe anæmia of pregnancy and the puerperium R

— — — — — R

— — — — — R

— — — — — R

— — — — — R

— — — — — R

— — — — — R

— — — — — R

— — — — — R

— — — — — R

— — — — — R

— — — — — R

LE LORIER and 1904

lar 1925 xiv 439

Pyelonephritis complicating pregnancy after nephrectomy report of a case J L HALL J Am M Ass 1925 lxxix 443

natsschr f Geburtsh u Gynaek 1925 lxix 173

Syphilis in relation to pregnancy J N NATHANSON Surg Gynec & Obst 1925 xli 320

Acta [39]

The placenta of a univitelline twin pregnancy M  
RIVIERE Bull Soc d'obst et de gynéc de Par 1925 xiv  
384  
Vascular communications between the placenta  
FAVREAU Bull Soc d'obst et de gynéc de Par 1925 xiv  
384

Double ovariectomy for bilateral dermoid cysts during  
the third month of pregnancy appendectomy delivery at  
term J I HENROTAY Bruxelles méd 1925 v 1249  
Bull Soc d'obst

H A WHITE

The value of the leucocyte count as an aid to diagnosis  
in ectopic gestation I K P FARRAR Am J Obst &  
Gynec 1925 v 413

The four types of extra uterine pregnancy with reference  
to the diagnosis and treatment L ALFIERI Clin ostet

1

BRUXELLES 1925 1205

Extra uterine abdominal pregnancy going on to term  
operation after the death of the fetus complete extirpation  
of the fetal cyst recovery A GROSSE Bull Soc d'obst  
et de gynéc de Par 1925 xiv 518

A case of ectopic gestation G B OLIVA Brit M J  
1925 ii 518

A case of extra uterine pregnancy BÉGOUT DARAIG-  
NEZ and MASSÉ Bull Soc d'obst et de gynéc de Par  
1925 xiv 369

et obst 1925 xi 445

The treatment of abortion DE ROUVILLE and MADON  
Bull Soc d'obst et de gynéc de Par 1925 xiv 470

A cicatrix completely obliterating the vagina in the  
course of pregnancy A COUPUT Bull Soc d'obst et de  
gynéc de Par 1925 xiv 436

1 1 1 1

Two cases of necrosing fibroma in the course of preg-  
nancy myomectomy continuation of the pregnancy  
LOUBAT Bull Soc d'obst et de gynéc de Par 1925  
xiv 377

operation followed by hysterectomy infant living recovery  
of the mother A GROSSE Bull Soc d'obst et de gynéc  
de Par 1925 xiv 527

Uterine fibroma in pregnancy abortion at the fifth  
month suppuration of the fibroma subtotal hysterectomy  
recovery GROSSE Bull Soc d'obst et de gynéc de Par  
1925 xiv 523

Torsion of a fibroma in the course of pregnancy H  
PAUCOT Bull Soc d'obst et de gynéc de Par 1925  
xiv 532

Uterine polyfibromatosis and repeated abortion MÉRIEL  
Bull Soc d'obst et de gynéc de Par 1925 xiv 554

The treatment of cancer of the cervix and vagina during  
pregnancy AUDREBERT and GARIBY Bull Soc d'obst et  
de gynéc de Par 1925 xiv 479

Cysts of the ovary and pregnancy double complication  
after two successive labors LAURENTY Bull Soc d'obst  
et de gynéc de Par 1925 xiv 550

925 1  
Diverticular tubal pregnancy A RIOTTE Gynécologie  
1925 xxi 273 [41]

Ectopic pregnancy in a tubal diverticulum early rup-  
ture with peritoneal inundation laparotomy recovery  
I FOURNIER Bull Soc d'obst et de gynéc de Par 1925  
xiv 495

Ectopic pregnancy in a tubal diverticulum an anatom-  
ical and pathological study I FOURNIER and C L FAURE  
Bull Soc d'obst et de gynéc de Par 1925 xiv 550

Tuboabdominal pregnancy laparotomy recovery  
F FOURNIER Bull Soc d'obst et de gynéc de Par 1925  
xiv 520

T - - - - - SCH BRUXEL  
Bol Soc de

## Labor and Its Complications

The induction of premature labor F IVEY H CANT-  
RELL and J K REID Lancet 1925 cclix 493

Rectal examination in labor as a diagnostic procedure  
and aseptic precaution W A DEAN J Oklahoma State  
M Ass 192 xviii 211

An analysis of thirty four deliveries H NEIFELD Vir

630

The use of pituitrin in obstetrics L BAY Bruxelles  
méd 1925 v 1183

The use of hypophyseal extract in repeated small doses  
F HAUCH Rev franç de gynéc et d'obst 1925 xx 201  
[42]



gynec et d'obst 1925 xx 213

The value and length of hypophyseal extract in obstetrics J M HARRIS Rev franç de gynéc et d'obst 1925 xx 218

[42]

[42]

1925 li 45

xiv 409

The indications for forceps J M L. OLIVELLA and J O LÉREZ Clin vial 1925 xi 48

Some consultations upon the Highland for m R. POMPIANI Bolchin Rome 1924 xxxi 42 part 99

Intra uterine rupture of a forceps blade causing complete rupture of the uterine segment ALDEN and PARCOL Bull Soc d'obst et d'gynec de Par 1925 xiv 54

A new technique of abdominal symphysiotomy I. ZARATE Gynec et obst 1925 xi 401

Symphysiotomy in Cuba J ORTIZ LÉREZ Gynec et obst 1925 xi 411

Moment complete absence of amniotic fluid placental hemorrhages and death of the fetus during labor LAFRETTIE Bull Soc d'obst et d'gynec de Par 1925 xiv 493

A case of dystocia from the retention of a thick placenta A BAZZANO S mana méd 1925 xxxii 1280

Accidents of labor BLAN and FORTACIN S mana méd 1925 xxxii 62

Accident of labor from a medical aspect F T IRELAND Arch d med cirug y especial 1925 x 500

Acute resection of the lung at the beginning of labor PÉREZ Bull Soc d'obst et d'gynec de Par 1924 xi 471

Complication during labor due to gangrene of a surgical fibroma BILLY Bull Soc d'obst et d'gynec de Par 1925 xiv 4

Two cases of Porges operation RIVIÈRE MAURICE and RIVIÈRE Bull Soc d'obst et de gynéc de Par 1924 xiv 363

Late cesarean section Porges operation pulmonary embolism recovery JOURNAUX Bull Soc d'obst et de gynéc de Par 1925 xiv 484

Cesarean section twenty-four hours after rupture of the bag of waters and after the application of forceps subcutaneous uterine fixation localized infection late reintegration OULÉ Bull Soc d'obst et de gynéc de Par 1925 xiv 515

d'gynec de Par 1925 xiv 454

Rupture at the moment of delivery of an old cesarean cicatrix ceriotomy a complete ovum in the abdomen by later recovery WILHELM and KLEBER Arch d med 1925 x 1039

## Puerperium and Its Complications

4

Par 1925 xiv 537

Puerperal infection L. A. WILSON J South Carolina M Assn 1925 xxi 215

Par 1925 xxxii 977

The treatment of localized puerperal infection PARACHE Arch d med cirug y especial 1925 x 15

An account of an epidemic of puerperal sepsis due to streptococcus hemolyticus W. A. DAWSON Edinburgh

A J HONGY Internat J Gynec 1925 xiv 31

Statistics of the classical cesarean section for infantile pelvis M DE TORRES Prog de la clin Madrid 1925 xxxii 31

A case of complicated dystocia successfully treated by cesarean section followed by temporary externalization of the uterus JALACOS-COSTA Bull Soc d'obst et d'gynec de Par 1925 xiv 511

The clinical concept of Porges cesarean section D. A. PLAYELL Rev méd de Barcelona 1925 xiv 501

de Par 1925 xiv 501

Postpartum malignant endocarditis FRUHNHOLZ  
MICHON and LÉVY Bull Soc d obst et de gynéc de Par  
1925 xiv 428

### Newborn

11

in

v

xiv 469

A case of multiple malformations in a fetus PÉRY Bull  
Soc d obst et de gynéc de Par 1925 xiv 380

H J ARNDT

and R VER

Arch f path

Anat 1925 ccl 17

The persistence of the cloaca in the human fetus A  
UCKER Arch f path Anat 1925 cclv 47

The absence of sex glands with and without hybrid  
phenomena P MEYER Arch f path Anat 19 5 cclv  
33

A case of bilateral otestis in a newborn infant and some  
cases of tumor formation of the genital gland in pseudo-  
hermaphroditism and true hermaphroditism P MEYER  
Arch f Gynaec 1925 cxxii 675

Monter LAUREAU Bull Soc d obst et de gynéc de  
Par 19 5 xiv 381

A double monter M RIVIÈRE and LAPTEVICH  
r u s

Crossed facial palmar secondary to forceps applica-  
tion ÉPARVIER Bull Soc d obst et de gynéc de Par  
1925 xi 380

Generalized congenital oedema J BAZÁN A JACOB and  
C A PLÁ CARDENAS Semana méd 1925 xxxii 101

The diagnosis and treatment of intracranial hemorrhage  
in the newborn baby W R MOORE Med Herald &  
Physiotherap 1925 xlv 215

Cisterna puncture in intracranial hemorrhage of the new-  
born J M IRADY J Missouri State M Ass 1925 xxii  
359

f

i

i

i

i

### Miscellaneous

Obstetrics the stronghold of medicine today G C H  
McPHERTERS California & West Med 1925 xxiii  
1159

The Potomac Living In Hospital clinical report for the  
year 1923-24 G FITZ GIBSON P M CORBER and N M  
FALSMER In h J M Sc 1925 337

Arterial pressure in obstetrics K G ROCHA Rev de  
gynéc e d obst 1925 xiv 219

The coarctation p lvis JEANIN Med Press 19 5 ns  
cxi 193

Bull Soc d obst et de gynéc de Par 1925 xiv 352

Abdominal hysterectomy for hydatidiform mole A  
TURENNE Surg Gynec & Obst 19 5 xli 353

Benign chorionepithelioma COUVELAIRE and LEVANT  
Bull Soc d obst et de gynéc de Par 1925 xiv 355

Chorionepithelioma of the uterus of rapid evolution  
secondary to a hydatidiform mole BARDON BOURSIER and  
DE GROG Bull Soc d obst et de gynéc de Par 1925  
xiv 35

Pneumothorax and maternity A PELLE Bull et mém  
Soc méd d hôp de Par 1925 xli 807

Maternal mortality H MACMURRAY Canadian M  
Ass J 1925 xv 941

## GENITO-URINARY SURGERY

### Adrenal Kidney and Ureter

Report of a case of Addison disease due to syphilis  
T GUERRIERI Kashegna internaz di clin e terap 1925  
i 433

The urea content of the saliva as an index of renal fun-  
ction the study of the nitrogen exchange G PACERRO  
Riforma med 1925 xli 649

X-ray films illustrating mobility of the kidney F M  
LOUGHNANE Proc Roy Soc Med Lond 1925 xviii  
Sect Urol 41

Hematuria from a traumatic ruptured kidney E C  
KELLY Illino M J 1925 xli iii 215

A case of unilateral crossed renal ectopy A ASTRALDI  
Arch urol de la clin i Necker 1925 v 85

Ectopic kidney containing massive calculi H P W  
WURTT Brit M J 19 5 ii 516

Massive calculus formation in an ectopic kidney H P  
W WHITE Proc Roy Soc Med Lond 1925 xviii  
Sect Urol 41

Diseases of the kidney L LICHTWITZ Berlin Springer  
1925

Acute and subacute nephropylitis D TADDEI Poli  
clin 1925 xxxii sez i rat 933

P

i

tu

m

me

Tuberculosis and biscuit shaped fusion of the kidneys  
VERLAC and FRY J urol med et chir 1925 xix 160

Tuberculosis of the left kidney with complete duplication  
of the ureter of the right kidney H BLANC J d urol  
méd et chir 1925 xx 47

Unilateral renal tuberculosis with unusual hemorrhage  
in a haemophilic M PAPIR J d urol m éd et chir  
1925 xx 69

1301  
Final results in renal infections W C QUINBY J Urol  
1925 xiv 224

78  
A case of bilateral renal lithiasis treated by double  
nephrotomy M PAPIR J d urol m éd et chir 1925 xx  
73

nephrectomy ALLEN J Urol 1925 li 97

Hydronephrosis due to a squamous cell carcinoma block  
ing the ureteropelvic junction S G MACDONALD Proc  
Roy Soc Med Lond 1925 li 11 Sect Urol 42

Operations upon the kidney under paravertebral  
anesthesia O S LOWSLEY Boston M & S J 1925  
cxvii 595

A functional lumbar incision and exposure of the kidneys  
P ROSENSTEIN Ztschr f urol Chir 1925 xvii 119

The rôle of nephrostomy in genito-urinary surgery A  
H LEWIS J Urol 1925 xiv 247

The operative approach for malignant tumors of the  
kidney H CANOR J Urol 1925 xiv 261

The treatment of the renal pelvis in cancer of the kidney  
complicated by cancerous extension into the renal veins  
and vena cava H HIRSH Bull et mém Soc nat de chir  
1925 li 727

Partial resection of the kidney L S JORD Ann Surg  
1925 lxxvii 458

A few cases of two-step nephrectomies N G ALCOCK  
J Urol 1925 xiv 239

The need of conservatism in renal surgery A L  
CHUTE J Urol 1925 xiv 231

A case of congenital abnormality of the right ureter  
A C MORSON Proc Roy Soc Med Lond 1925 xiii  
Sect Urol 39

Congenital dilatation of the ureters with a vesico-ureteral  
reflex CIFUENTES and LAQUE Rev d la Clin Madrid  
1925 xxxi 10

Complete bilateral duplication of the ureters and renal  
pelvis D GEIRINGER and J CAMPBELL J Urol 1925  
xiv 195

Surg 1925 xi 403  
Methods of ureteral repair and transplantation C H  
MAYO Ann Surg 1925 lxxxv 472

SCHLE California & West J 1925 li 10

## Bladder Urethra and Penis

xxxvii 347

A foreign body in the bladder extracted by the supra-  
pubic route F MISCHASCI Rassegna internaz di chir e  
terap 1925 vi 387

A foreign body removed from the bladder C A R  
NATH Proc Roy Soc Med Lond 1925 xviii Sect  
Urol 39

Calculus of the urinary bladder CARRASCO C lo Md  
1925 lxxv 82

Stone in the bladder Sir T C EVANS Practitioner  
1925 cxv 165

ST GOLD

D

W  
Bladder ulcer of the bladder L L L m J  
Obst & Gynec 1925 x 383

1

6

Complete and repeated extroversion of the bladder through the urethra associated with double right kidney and ureter R. C. BRYAN J Urol 1925 xiv 153

Bladder neoplasms D. W. MACKENZIE J Urol 1925 xiv 275

Bladder neoplasms with a brief series D. W. MACKENZIE Canadian M Ass J 1925 xv 926

Electrocoagulation of vesicle papillomata ALMEIDA Rev méd de Sevilla 1925 xliii 13

Electrocoagulation in two cases of polyposis of the verumontanum J. SALLERAS Semana med 1925 xxxii 1260

Cystoscopic electrocoagulation SERÉS and IBARTZ Clin lab 1925 xi 471

Total cystectomy for cancer—an obsolete operation F. FISCHER J Urol 1925 xiv 85

The question of duplication of the urethra R. M. FROSTSTEIN and M. A. SALEGRAJEFF Ztschr f urol Chir 1925 xvii 187

Posterior urethroscopy with Luys apparatus U

Inhalation vs regional anesthesia for prostatectomy O. S. LOWSLEY and H. E. ROGERS N York State J M 1925 xxv 893

Prostatectomy emphasizing the present day factors of safety P. SYMS N York State J M 1925 xxv 889

Early surgical intervention in prostatic hypertrophy

Cancer of the prostate LANCET BRITISH MED 1925 v 1110

Cancer of the prostate of pseudo-cystic form H. BLANC J urol méd et chir 1925 xix 521

Sarcoma of the prostate H. CLIVER J Urol 1925 xiv 301

A

lit

FOHRAU, C. L. 1925 vii 1139

The pathological anatomy histology and pathogenesis of

1925

J

W

1925

The application of the high frequency current in affections of the urethra J. GAUDY and F. STOBBAERTS Bruxelles méd 1925 v 1185

1925 xli 355

J

pe

## Genital Organs

Conditions of the prostate not including the malignant and venereal A. S. ROE Med J Australia 1925 ii 155

Small changes in the prostate W. C. HUNNICKER and J. M. KENNORTHY Hahnemann Month 1925 iv 537

Cysts of the prostate and urethra M. B. WESON J Urol 1925 xiv 605

A case of syphilitic proctitis J. SALLERAS Rev Soc argent ic uol 1925 i 51

Int. prostatic lithiasis E. CASTAÑO Fe Soc argent ic uol 1925 i 9

Some questions on the treatment of prostatic hypertrophy G. V. ILLIÉS Ztschr f urol Chir 1925 xvii 225

Diatheirmy in prostatic enlargement C. S. LUBIN FARRER Brit M J 1925 146

An improved knife for Young's prostatic punch H. A. P. KREUTZMANN J Urol 1925 xiv 311

## Miscellaneous

1925

So called essential incontinence of urine surgical and pathological treatment I. DELBERT and A. LEBER Rev de chir Par 1925 xliiv 483

- A discussion on extravasation of urine C B SOETRES  
and H W McKEAY South M & S 1925 LXVIII 523  
Urinary tract infections A J PARKHAM J Iowa State  
M Soc 1925 XL 477  
Report of a new pathogenic organism (Corynebacterium  
dampsoni) with a description of an epidemic of infection  
of urinary fistula J C SMITH and J H HILL J Urol  
1925 XLIII 689 [51]

- AL 119  
The use of mercurochrome-220 in genito-urinary tuber-  
culosis J WELFELD Urol & Cutan Rev 1925 XLII 527  
Methylene blue in renal tuberculous H BLANC  
Mét Ibero 1925 LX 655  
Silver nitrate in fistula G VILAR Rev Soc argent de  
urol. 1925 I 0

- 335  
Hamatuna Proc N Zealand M J 1925 XLV 18  
Hamatuna—report of cases C H GARNIN J Nat  
M Ass 1925 XLVI 219  
Pyuria F B YOUNG Nebraska State M J 1925 I  
349

## SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

### Conditions of the Bones Joints Muscles Tendons Etc

- Bone regeneration in animal of various age BERCA  
HARDT 49 Tag d deut ch Ges f Chir Pe lin 1925  
Reciprocal disturbances of the periosteum and bone  
marrow accompanying bone formation KATZENSTEIN  
49 Tag d deut ch Ges f Chir Berlin 1925  
The development and pathological significance of  
parallel transverse striations appearing in the X-ray  
picture at the ends of the diaphyses of the long bones  
F ASADA Mitt a d med Fak d k Univ Kyushu  
Fukuoka 1924 IX 41  
Multiple osteogenic exostoses COURFAUD Bull et  
M  
S  
616  
813  
A roentgen ray study of the cases of rickets T A  
GROOVER A C CURSTIE and F A MERRITT Radiology  
1925 V 189  
The differential diagnosis and treatment of some types  
of bone tumors R B CORFIELD Ohl Stat M J 1925  
LXI 640  
Multiple osteoma of the bones C MARTELLI and M  
ROCCATAGLIATA Rinas med 1925 II 124  
Benign giant-cell bone tumors J S REAME and A R

- M Ass J 1925 XL 937  
General enlargement of the joints H THURSFIELD  
Proc Roy Soc Med Lond 1925 XLVII Sect Orthop 43  
Chronic arthritis I W ELY J Iowa State M Soc  
1925 XL 479 Illinois M J 1925 XLVII 190

- cciv 144  
An unusual complication of chronic deformity poly-  
arthritis T MALAMUD Rev méd. Lat Am 1925 X  
1116  
The importance of the tendon sheaths in the process of  
recovery in injuries of the tendons L DOMINICI Polak

- Sect Orthop 4  
Tr  
502  
Sect Orthop 4  
Tr  
502  
palmar  
Lond  
1925 XLVII Sect Orthop 43  
Another case of flexor contraction of the finger from  
rupture of the extensor tendon S WEIZ Arch. f orthop  
u Unfall Chir 1925 XLVII 404

Congenital torticollis co existing with other malformations DESNOYERS and RISACHER Bull Soc d obst et de gynéc de Par 1925 xiv 348

The significance of scoliosis in injuries of the spine C GOECKE Arch f orthop u Unfall Chir 1925 xxiii 408

The mechanotherapy of scoliosis DEVINEUX Rev d orthop 1925 xxiii 375

Diseases of the vertebrae with particular reference to the diagnosis of tuberculous spondylitis OEFLECKER 49

d obst. et de gynéc. de Par 1925 xiv 404

A symposium on the diagnosis and treatment of back ache J T FUCH E A RICH H P DOTB and E A SCHTMMAN Therap Gaz 1925 xlix 609

Hydatid cyst of the rectus abdominis C V SLAREZ Rev de chir 1925 iv 139

Ultraviolet ray treatment in sacro-iliac disease M N FRANK J Michi an State M Soc 1925 xxiv 469

Trendelenburg phenomena in hip disease A SALL Wien klin Wchnschr 1925 xxxviii 273

Osteochondritis of the hip and coxa vara T BELLANDO RANDONE and J M REVIGLIO Rev d orthop 1925 xxiii 337

Chronic non tuberculous arthritis of the hip in the adult DUGUET and CLAVELIN Rev de chir Par 1925 xlv 321 [52]

Deforming arthritis of the hip with inflammation of the femoral head in adults who had symptoms of arthritis in infancy MAUDLAIRE Bull et mém Soc nat de chir 1925 li 674

Bilateral rupture of the sartorius muscle in a professional runner K PICHLER Wien klin Wchnschr 1925 xxxviii 307

How does man acquire a capable functional foot? I PLATE and H HERMANN Arch f orthop u Unfall Chir 1925 xxiii 554

I

Chir p 4

An anterior metatarsal support J LONG M d Times 1925 lii 16

### Surgery of the Bones Joints Muscles Tendons Etc

Double and triple amputations A MORALFS Siglo méd 1925 lxxii 601

Mutilation and cinematization A PELLIGRINI Riforma med 1925 xli 553

Cineplasty according to Sauerbruch METTENLEITER Med libera 1925 ix 1

The treatment of bone sarcoma by totines radiation amputation or resection J C BLOODGOOD Am J Roentgenol 1925 xiv 253

Diathermy in joint injuries F W EWERHARDT J Am M A s 1925 lxxv 1111

The treatment of open articular tuberculosis by Solieri's method M BENCI Policlin Rome 1925 xxvii sez prat 1003

C CAMP

PETTA

Intention

[52]

Two cases of high lying scapula operated upon V CHILSKY Arch f orthop u Unfall Chir 1925 xxiii 401

Arthrodesis for the relief of forearm paralysis B W HOWELL Proc Roy Soc Med Lond 1925 xviii Sect Orthop 4

fornia & West Med 1925 xxiii 1162

The surgery of painful sacralization and pseudo-sacralization L ZENO Bol y trab Soc de chir de Buenos A

- -

Soc nat de chir 1925 li 96

The results of a meniscopy and of two meniscectomies PAITRE Lyon chir 1925 xxii 402

Reduction of the patella as a method of improving function in certain affections of the knee LUDLOFF Zentralbl f Chir 1925 li 786

The ambulatory treatment of contracted flat foot H JORDAN Muenchen med Wchn chr 1925 lviii 725

The bloodless treatment of ingrowing toe nail WICKEL Deutsche med Wchnschr 1925 li 443

### Fractures and Dislocations

Clunich fracture KUEMMEL 49 Tag d d utsch Ges f Chir Berlin 1925

Joint fractures P D WILSON London M & S J 1925 ccxiii 338 [52]

Transarticular nailing in fractures near joints A JAMBOTTE Pan chir 1925 xii 145 [53]

The treatment of fractures its organization and teaching the general urghal standpoint G E GASK Brit M J 1925 ii 317

The treatment of fractures its organization and teaching the orthopedic standpoint Sir R JONES Brit M J 1925 ii 319

The treatment of fractures a symposium A F JONES J W DUNCAN C H WATERS and others Nebraska State M J 1925 x 32

The treatment of compound fracture C H FAGGE Practitioner 1925 cx 179

The importance of the muscular mechanics in the treatment of fractures H ARQUELLES Arch de med chir 1925 xx 5

The operative treatment of fractures L BOEHLER Zentralbl f Chir 1925 li 807

The Schmerz modification of clamp extension R  
ANDLER Zentralbl f Chir 1925 li 754  
Consolidation of a fracture SLOCKER Siglo m l  
1925 lxii 57

Some practical considerations in the conservative treat-  
ment of fractures of the pelvis and lower extremity  
Lectures I II and III Sir W J DE C WHEELER  
Lancet 1925 cxix 313 363 [54]

A case of congenital dislocation of both hips. R. W  
HOWELL, Proc Roy Soc. Med Lond 1925 xvi Sect  
Orthop 41

The management of old congenital luxations of the hip  
L SCHEFFELMAN Arch f orthop u Unfall Chir 1925  
xxiii 464

Osteoplastic operations for irreducible congenital luxa-  
tion of the hip L OUNGERDANNE Bull et mém. Soc. nat

anatomical and surgical neck rupture of the axillary

1925  
Fracture of the scapula C I ALLYNDE and J A BLACKS  
LEY Bol y trab Soc de Cirug d Buenos Aires 1925 ix  
49

Bilateral fracture of the head of the humerus complicat-  
ed by luxation of the fractured head open treatment late  
results I LUCKER Bull et mém Soc nat de chir 1925  
li 682

Fracture of the greater tuberosity of the humerus with  
displacement report of two operated cases with the au

1925 ix 20 of the knee joint from

Buffalo Gen Hosp Buffalo N Y  
Isolated fractures of the external portion of the tibial  
base A LAPOINTE Bull et mém Soc nat de chir 1925  
li 672

Traumatic separation of the lower epiphysis of the tibia  
R LEIBOVITZ Rev d orthop 1925 xxxi 345

ZADEK Am J Surg 1925 xxxiv 217  
An old luxation of the elbow reduced by the transole-  
cranon method satisfactory result one year after operation  
C DUJARRIE Bull et mém Soc nat d chir 1925 li  
67

1925 xxxii 371 treatment

### Orthopedics in General

Twenty seventh report of progress in orthopedic surgery  
N ALLISON I D WILSON K. SOUETTER and others  
Arch Surg 1925 473

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nd  
d  
unc

## SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## Blood Vessels

Lesions of the arterial adventitia and certain abnormal conditions of the large arteries R LERICHE Lyon chir 1925 xxii 310

during reactive hyperæmia RIEDER 49 Tag d deutsch

M DIEGENFR Frankfurt Ztschr f Path 1925 xxvi 385  
Superficial tumors of vascular origin F CHRISTOPHER Surg Clin N Am 1925 v 1085

Arteriovenous aneurism M CORACHAN Rev de chirug 1925 iv 124

An operation for arteriovenous aneurism HOHLBAUM 49 Tag d deutsch Ges f Chir Berlin 1925

Axillary aneurisms R W McNEALY and J V SPIVACK Surg Clin N Am 1925 v 1005

Traumatic aneurism of the left radial artery F S WETHERELL Am J Surg 1925 xxxix 229

Tracheal compression due to an aneurism of the brachiocephalic trunk BUCHER Arch internat de laryngol 1925 xxxi 730

CONSTANT Bol soc de chirug de Chile 1925 iii 115  
The clinical forms of arterial obliteration in the limbs P PAUFERT RAVAUZ Presse méd Par 1925 xxxiii 898

The unusual frequency of cases of obliterating arteritis of the lower limbs and gangrene of the feet EMILE WEIL and LÉVY FRANCKEL Bull et mém Soc méd de hôp de Par 1925 xli 879

The blood pressure accompanying arterial emboli WIEDOPF 49 Tag d deutsch Ges f Chir Berlin 1925

Generalized visceral congestion followed by large embolism from spontaneous arterial embolism with death in seventy-two hours M GULICARLA Rev de med y chirug de la II

ABERLAND  
Canada

sez prat 907

A case of penetration of ascaris lumbricoides into the portal and splenic veins W TOBICZYK Zentralbl f allg Path u path Anat 1925 xxxv 6

The control of accidental hæmorrhage from the cystic artery D PARHAM Surg Gynec & Obst 1925 xli 367

Spontaneous rupture of the epigastric artery R DEVOIAN Rev de chirug 1925 iv 143

Notes on the spermatic arteries S RADOJEVITCH J de méd de Bordeaux 1925 cli 563

xxii 97

New methods of operation for varices of the leg J KOVACS Beitr z klin Chir 1925 cxxxiii 260

## Blood Transfusion

The resistance of normal human erythrocytes to hypotonic saline solutions C D LEAKE and H PRATT J Am M Ass 1925 lxxv 899

On the antigens of red blood corpuscles II Flocculation reactions with alcoholic extracts of erythrocytes K LANDSTEINER and J VAN DER SCHUER J Exper Med 1925 xlii 123

Studies on the suspension stability of the human blood I The velocity of the sedimentation of erythrocytes in X-ray therapy cases F A POHLER Radiology 1925 v 66

The mechanism of the so-called reaction of sedimentation of the red cells a new factor hæmatonia S BALAC HONSKY Bull et mém Soc méd d hôp de Par 1925 xlii 41

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[et mcm]  
[56]  
monophili  
Am J  
Passena

ENHARTZ

ARNAUD

Lyon chir 1925 xxxi 319

Autohematogenous thrombotic crises in surgery a biological and clinical study C CIGNAZZI Bol lun R me 1925 xxxix sez chir 282

Blood transfusion R KRAFT Arch f klin (chir 1925 cx iv 834

Blood transfusion JENKIN N Zealand M J 1925 xxi 197

Blood transfusion apparatus D McCLELLAN M L Ho p 1925 xxv 272

A transfusion cannula with a stopper a multiple syringe-cannula method without anaesthetic H J STOLT J Am M A s 1925 lxxxv 974

A simple method of defibrinated blood transfusion. E F SKINNER Brit M J 1925 lv 516  
Intraperitoneal transfusion with the report of two cases C E CONRAD Virginia M Month 1925 lv 360  
The dangers of transfusion W KORACEWSKI Per méd. d. Rosario 1925 ii 63.

### Lymph Vessels and Glands

A case of lymphadenopathy H FOX Rev méd de la Suisse Rom 1925 xlv 463

Lymphocytoma cured at present by the X-ray BORGES and LILL Arch internat de laryngol 1925 xxix 715

A case of Hodgkin's disease of atypical character (the granulomatous of Pappenheim) LEVY JACOVY and RANDOLPH Bull. et mém Soc méd d'h'p de Par 1925 xli 1084

An unusual metastatic manifestation of Hodgkin's granuloma N H ROBIN Am J Roentg nol 1925 xiv 251

A case of Hodgkin's disease of traumatic origin G SPANETTA Ka wega internaz. di clin e terap 1925 vi 365

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Four surgical risks laboratory assistance in the preparation of patients for operation and in their postoperative care W THALHIMER J Am M A 1925 lxxxv 807

H J

—an  
W

COOPER

mém

J F

SHEEHAN J New York J Surg 1925 lxxxv 31

A new technique in the application of Thiersch skin graft D McCLELLAN Canadian M Ass J 1925 xi 998

Twenty years of tissue transplantation LEVY Arch Tag d deut Ges f Chir Berlin 1925

Oxygenation with carbon dioxide E KILPATRICK Am J Surg 1925 xxxix 221

Discussion on the prevention and treatment of postoperative pulmonary affections L C LINDA and E SWINNEY J P MEDLEY and others Proc Roy Soc Med Lond 1925 xviii Sect 1 Surg Anas Med Obst Gynaec and Lath 41

gas pain  
u 306  
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Discussion on the treatment of septicemia S T H WILK R F KJULAND L COLEBROOK and others Proc R Soc Med Lond 1925 xviii Sect Med Surg 41 th 59

The treatment of general septicemia by gentian violet and mercurchrome—220 solution V D CATCH H M TRILLER and J L OWEN J Am M Ass 1925 lxxxv 504

méd 1925 xxxii 32

The management of suppurative processes with proteolytic bacteria B W Tag d deut ch Ges f Chir Berlin 1925

et

of

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Experiences with mercurchrome L A PATTEN Texas Stat J M 1925 xxi 302

Mercurchrome in the putum L LEEB Am J Ophth 1925 viii 723

### Anesthesia

Anaesthesia for the general practitioner C T W HIRSCH Patti 1925 cx 98  
Chloroform anaesthesia H P FAIRLIE Proc Roy Soc

### Antiseptic Surgery Treatment of Wounds and Infections

The conception of septicemia W MARTIN Ann Sur 1925 lxxxv 3 6

Chir 1925 lv 755

The borocaines a new class of local anesthetics A J  
COPELAND and H E F NOTTON Brit M J 1925 ii 547  
Optocaine B a new local anæsthetic. VOLLHARDT  
Fortsehr d Med 1925 xliii 39

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A minimum standard for X ray service in a hospital  
I T C D A LOM I

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lab 1925 xi 481

Early clinical observations with the water-cooled  
Coolidge tube J R SHULL South M & S 1925 lxxvii  
529

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X ray injuries and methods of preventing them E H  
ZWEIFEL Clin y lab 1925 xi 48

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The direct effect of radium irradiation on the leucocytes  
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Radiotherapy in asthma M MIRANDA and T M  
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The biological basis of the radiotherapy of malignant  
tumors D BRACHEY B R I A M Semana méd 1925  
xxvii 25

Introduction to the symposium on the treatment of  
malignant disease by physical methods W C BARKER.  
Hahneman Month 1925 lx 543

Cellular changes due to irradiation S RUSS Brit M  
J 1925 ii 340 [59]

Changes in the blood and blood forming organs as a  
result of irradiation A LIXEN Brit M J 1925 ii 343 [60]

The action of light W L DIXON Brit M J 1925 ii  
499

The physical aspects of light in relation to biological  
processes W STENSTROM Bull Buffalo Gen Hosp  
Buffalo N Y 1925 ii 52

The clinical aspect of light C E M JONES Brit M J  
1925 ii 500

The influence of sunlight and artificial light on health  
L HILL G B DIXON and D C COLEBROOK Brit M J  
1925 ii 470

The action of ultraviolet rays against infection REGARD  
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SK

S

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Familial mixed marfan and hereditary typhoid II VERMELIN  
and A DILLFORD Bull Soc d obst et de gynec. de Par

1925 i 4

Chronic axillary inflammation and sclerosis of the  
acromioclavicular joint R v méd de la Suisse Rom 1925 xlv  
49

12

an

xl

The treatment of tumors of the skin A BURROWS  
Brit J Radiol 1925 x x 304

Observations on non postcauterial keloid with a report  
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 Lyon chir 1925 xxii 319  
 Autohematogenous hemoclastic crises in urrery a  
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 1925 xxvii 422 ch r 242  
 Blood transfusion. K. KRAFT Arch. f klin Chir  
 1925 cxxxiv 834  
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 A lymphocytoma cured at present by the X ray B OR  
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 715  
 A case of Hodgkin's disease of atypical character (the  
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 GRANDCLAUD Bull. et mém Soc. méd. d hôp de Par  
 1925 xli 1094  
 An unusual metastatic manifestation of Hodgkin's  
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 251  
 A case of Hodgkin's disease of traumatic origin G  
 SPADITTA Kaserna internaz di clin e terap 1925 vi  
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Lond 1925 i ii iii  
 an l Path 41  
 The cause and prevention of postoperative gangrene  
 S P CUNNINGHAM Texas State J M 1925 xxi 306  
 Bacterial findings in the blood after operation BELFERT  
 49 Tag d deutsch Ges f Chir Berlin 1925

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The conception of septicemia W MARTIN Ann Su  
 1925 lxxxi 326

DICU H CHIL treatment of epithemia Sir T  
 H KIRBY R I J WILKINS L COLEBROOK and others.  
 In K Soc M d Lond 103 xvii Sect Med  
 Su l Path 59 [5]  
 The treatment of general septicemia by gentian violet  
 a I mercurochrome—220 soluble W D GATCH H M  
 TREWLER and J I OWEN J Am M Ass 1925 lxxv  
 804  
 Minkewitch, pleucemia accompanied by meningitis  
 purpura arthritis, and endocarditis. incomplete success  
 of etherapy recovery from the use of an autogenous  
 vaccine MERLE Bull et mém Soc. méd d hôp de  
 Par 1925 li 1004  
 The use of accines in surgery A GALLER Semana  
 m l 1925 xxxii 32  
 The management of suppurative processes with proteo-  
 lytic bacteria BERM 49 Tag d deutsch Ges f Chir  
 Berlin 1925

ST

f

1925 x 371  
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 Ophth 1925 i vii 73

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 HIRN Practitioner 1925 cv 198  
 Chloroform anaesthesia H I FAIRLIE Proc. Roy Soc  
 Med Lond 1925 xiii Sect Anes 17

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Chir 1925 li 755

# International Abstract of Surgery

*Supplementary to*  
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Recent advances in cancer research. L. A. EMER. California and West. Med. 1925 xxiii 1128

The influence of ultraviolet radiation upon the takes and growth of transplantable rat and mouse carcinoma in albino rats and mice. K. SUGIURA and S. K. BENEDICT. Am. J. Roentgenol., 1925, xiv 234

Cancer and acquired resistance to tubercle. T. CHERRY. Lancet 1925 ccix 644.

1925 lxiii 8 653

### General Bacterial, Mycotic and Protozoan Infections

The management of erysipelas with autogenous therapy. W. RICHTER. Deutsche med. Wochenschr. 1925 li 572

A case of malignant pyoderma. M. G. FAZES. Siglo Veintiuno, 1925 lxvii 629

Gas gangrene after the subcutaneous injection of medicaments. H. HILF. Med. Klin. 1925 xxi, 4 a.

Stationary and ambulatory management of surgical tuberculosis with particular reference to the roline treatment of Holz. A. GREGORY. Deutsche Zeitschr. f. Chir. 1925 xc 72

Meningococcus bacteremia. A. E. ALER. Arch. Med. Clin. N. Am. 1925 lx 461

Colon bacillus infections. A. B. ROOKE. Practitioner 1925 cxv 203

Sudden death due to the primary subcutaneous pro-

1925 xi 378

Serum diagnosis of some neoplastic condition. Botelho's reaction. I. ROSSET. Ra. segna internaz. di clin. e terap. 1925 xi 378

1925

160

On the experimental treatment of implanted malignant tumors of the rat. T. LUMSDEN. Lancet 1925 ccix 532

The logic of the medical treatment of cancer. L. D. BULLOCK. Am. Med. 1925 n. 3. xx 46

Precancerous lesions and early carcinoma: fulcrum treatment. T. W. ALLEN. Wisconsin M. J. 1925 xxi 191

KELLOGG. J. Lancet 1925 xlv 417

Sporotrichosis. F. C. KNOWLES. E. F. CONNOR. and H. B. DECKER. Atlantic M. J. 1925 xxviii 835

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## EDITOR'S COMMENT

HAIPLIN'S interesting account of the development of the operation for restoring the continuity of the gastro-intestinal tract after resection for ulcer or carcinoma is a timely contribution upon an important subject. It will help to lessen the confusion resulting from the habit of applying proper names rather than descriptive terms or phrases to specific surgical procedures.

black and white passages continue to hold the attention of workers in different parts of the world. A number of abstracts on these subjects appear in the section on abdominal surgery.

The question of nerve anastomosis for injury of the facial nerve is discussed in an interesting paper by Adson (p. 101). Reports like that of Lecouturier on the result after sixteen years of anastomosis of the spinal accessory and facial nerves are of interest.

D. J. McCall's original article of several hundred pages, beautifully illustrated and based on a painstaking study of a large series of cases, comprised the entire October number of the *Edinburgh Medical Journal*.

The use of zinc chloride in gynecology first advocated by Babcock of Philadelphia as a

method of chemical hysterectomy and for the treatment of osteomyelitis, reviewed by Mason and Foucar of the Mayo Clinic (p. 117) who find it of definite value in a limited number of cases if proper precautions are taken to protect the adjacent tissues.

Doubt Bollinger and H. J. ...

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(p. 100) is an ...

often used. He has noted also an increase in the occurrence of postoperative myxedema. The histological changes in the gland resulting from iodine administration are strikingly shown in Cattle's ...

(p. 10) paper form a helpful contribution to the literature on this unusual condition. Ferrier's discussion of the management of tumors of the urinary bladder emphasizes particularly the value of radium in the treatment of such tumors (p. 127).

# INTERNATIONAL ABSTRACT OF SURGERY

FEBRUARY 1926

## COLLECTIVE REVIEW

### GASTRIC RESECTION AND VARIOUS METHODS OF RE-ESTABLISHING THE CONTINUITY OF THE GASTRO-INTESTINAL TRACT

By GEORGE HALPERIN M.D. CHICAGO

THE history of gastric resection now some four and one half decades old began in 1879 with Pean who first resected a stomach for pyloric cancer and joined the stomach and the duodenum end to end. The more difficult problems in this operation were always connected not with the resection itself but with the re-establishment of the continuity of the gastro-intestinal tract after the removal of the diseased part.

All methods so far proposed can be schematically placed into four groups (1) end to end anastomosis of the gastric and the duodenal stumps (2) closure of the stomach end and im-

In 1916 Narath (16) in a most accurate historical study of the subject arrived at the conclusion that only the names Billroth I and Billroth II should be retained. For the newer methods which he regarded as only modifications of the Billroth II method he proposed a very accurate descriptive nomenclature in rather involved Latin. A glance at the contemporaneous literature shows that neither Tuffier's nor Narath's schemes are being followed. While in the English literature one reads about a Pólya operation in the German literature the same method is described under a variety of names such as the von Hacker, the Kroenlein, von Mikulicz, the Hofmeister and the Reichel Pólya operation.

It seems to me that in the English phrases *end to end*, *side to side* and *end to side* we possess descriptive terms which have the advantages of both simplicity and scientific accuracy. In the use of these linked terms it is necessary to remember only that the first word refers to the stomach.

GROUP I—END TO END ANASTOMOSIS

As mentioned Pean in 1879 was the first to perform a gastric resection. In 1880 Rydiger was the second to attempt it. Their patients

we are at once confronted with difficulties. As a result of the long practiced custom in surgical writings of naming operations after their originators there is today a multiplicity of names that does not make for the clarity or accuracy so desirable in scientific work. Attempts at a more uniform and more scientific nomenclature have been made from time to time. As early as 1898

LOWELL LILLY (1) *anastomose terminale* (2) *anastomose termino latérale* and (3) *anastomose latéro-latérale*

It consists in the removal of part or



## EDITOR'S COMMENT

**H**ALPERIN'S interesting account of the development of the operation for restoring the continuity of the gastro-intestinal tract after resection for ulcer or carcinoma is a timely contribution upon an important subject. It will help to lessen the confusion resulting from the habit of applying proper names rather than descriptive terms or phrases to specific surgical procedures.

The various laboratory tests for the determination of liver function and the roentgenological tests for determining the condition of the gall bladder and bile passages continue to hold the attention of workers in different parts of the world. A number of abstracts on these subjects appear in the section on abdominal surgery.

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Lec... on the result after sixteen years of anastomosis of the spinal accessory and facial nerves (p. 102) by Dr. ...

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Doubt, Bolliger and Hartman's experimental studies of metabolic changes following deep X-ray therapy (p. 118) confirm ...

(p. 99) is an interesting comment on the changes in the surgical management of toxic cases resulting from the pre-operative use of iodine. Lahey states that in his clinic preliminary pole ligation has been practically abandoned since iodine has been used. He has noted also an increase in the occurrence of postoperative myxedema. The histological changes in the gland resulting from iodine administration are strikingly shown in Cattell's illustrations in Lahey's original article in the *Boston Medical and Surgical Journal*.

Keene's report on elusive ulcer of the bladder (p. 126) and Hunner's discussion of Keene's paper form a valuable contribution.

in the treatment of such tumors (p. 127)

GROUP II—SIDE TO END, KOCHER'S METHOD



Fig 5 The first illustration of a terminolateral anastomosis in which the lower portion of the gastric segment was utilized (von Eiselsberg)

side to end. In connection with the procedure Kocher made frequent use of his method of mobilizing the duodenum. Because the operation presented no advantages over Billroth's first method and was more complicated and difficult to carry out, it was soon abandoned.

### GROUP III—SIDE TO SIDE ANASTOMOSIS

Side to side anastomosis was proposed by Bill

from Billroth's first method. No attempt was made at the restoration of normal relations. It became possible, however, to resect much more of the stomach without tension upon the anastomosis. This fact made such a vast difference in the immediate results that the method became the procedure of choice. It received the widest application everywhere, and until the last decade was the operation most widely used in the treatment of both carcinoma and ulcer of the stomach.

It was not however free from certain objections. In the earlier days of its use the duodenal stump was a frequent source of trouble. Its closure at times proved insufficient leading to either a fatal peritonitis or the formation of a duodenal fistula. Several causes contributed to this complication. The absence of peritoneum on the posterior aspect of the duodenum and the necessity at times of separating the duodenum from the pancreas frequently compromised the blood supply of the duodenum causing necrosis of its wall. In some cases also twisting or compression of the proximal jejunal loop or the regurgitation of stomach contents into the blind

peritonizing the duodenal stump. The formerly much dreaded vicious circle will not occur if the anastomosis is performed correctly and if the no loop method of Mayo is employed.

A far weightier objection to the Billroth II method is the occurrence of gastrojejunal ulcer. While this is not a frequent complication it is the

cause has been a matter of much speculation, and is not yet known. The main factor in its genesis seems to be the perverted physiology to which the loop of jejunum is subjected. The jejunum

ing the recurrence of ulcers in general and of jejunal ulcers in particular

#### GROUP IV—END TO SIDE ANASTOMOSIS

In end to side anastomosis as much of the stomach is resected as is necessary and the duodenum is closed but the gastric stump is utilized for an anastomosis with a loop of jejunum end to side fashion. Either all or a part of the gastric end may be utilized.

in the German literature as previously remarked, it is called by various names such as the

that it encompasses most of the important advances in gastric surgery. In a review of the literature we find that the idea first occurred to von Hacker, an assistant in Billroth's clinic as early as 1885. In the first report on the use of the

difficulty is now experienced in invaginating and

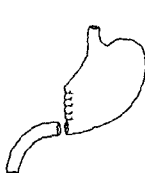


Fig 1

Fig 1 The Billroth I operation



Fig 2

Fig 2 The Billroth II operation with an anterior gastro-enterostomy

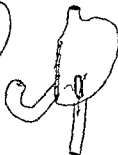


Fig 3

Fig 3 The Billroth II operation with posterior gastro-enterostomy



Fig 4

Fig 4 Kocher operation

all of the pyloric portion of the stomach with end-to-end anastomosis of the gastric and duodenal stumps

Physiologically it is an ideal operation; it restores normal anatomical relations and allows the stomach contents to pass out in the accustomed way into the first part of the duodenum. Certain purely mechanical conditions, however, soon mitigated against its successful application. Experience demonstrated that it was not always possible to bring the two segments together without more or less tension, and that because of the difference in the diameters of the gastric and the duodenal segment the suture lines often met at an angle. This angle proved to be the weakest part of the anastomosis, and in the presence of even slight tension the sutures cut out, producing leakage and peritonitis. The so-called fatal suture angle brought the operation into temporary disrepute. Billroth himself abandoned it in 1885 in favor of a radically different procedure.

ligation of the gastric artery and a sufficiently high division of the hepatogastric ligament. He pointed out also that after the Billroth I method there is a tendency for the stomach to drop to the left of the spine, its weight exerting an injurious strain on the suture line. A point on the anterior wall of the stomach sufficiently far to the left is chosen, and the stomach is drawn to the right and attached to the suspensory ligament of the liver by several catgut sutures in a manner to bring the entire anastomosis to the right of the spine. Mayo advises also the tacking of the edge of the omentum under the anastomosis to make the suture line safer and prevent the formation of adhesions to the pancreas.

method

given a wide application by the French, Todd,

glass contraction recurrence of the ulceration

to the duodenum that there need be no difficulty in freeing the stomach. To accomplish this he advises early

mobile and easily reached the resection was frequently begun from the duodenal side. The stomach and the duodenum were seized with clamps about 2 or 3 cm below the pylorus and the bowel was severed. The cut surfaces were cauterized with a Paquelin cautery. Next the stomach was freed by clamping and ligating the small and the gastrocolic omenta. Adhesions to neighboring structures, the liver or pancreas, were separated by sharp dissection close to the stomach wall. In cases in which a callous ulcer had perforated into one of these organs the ulcer was separated from the stomach wall and left *in situ* and the hole in the stomach was closed with a tampon and a finger. The ulcer bed was removed as far as possible with a knife and Paquelin cautery. This particular area was drained.

The duodenal stump was sewed with catgut in a Y-shaped and covered over with an additional serous suture of catgut. Next the transverse colon was lifted. At this stage the ileocecal area was investigated and the appendix removed. A slit was made in the mesocolon, the uppermost loop of the jejunum was brought through and the colon was replaced. Then a portion of the gastric end, usually about one third, was closed

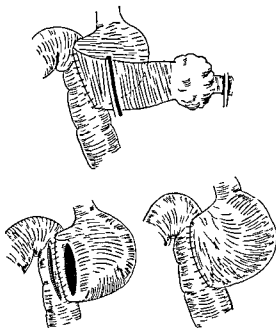


Fig 7 The Pólya operation as performed by I Pólya

At about the same time (1911) Reichel (18) described the same technique. He did not mention previous reports of it. A short time later

into the serosa and the muscularis of the bowel the clamps were removed. Catgut was used for all of the layers as in several cases re-operated upon months later it was found that silk occasionally failed to cut out and produced small ulcerations.

The attempt was made to form a wide anastomosis so that the stoma would be at least three fingerbreadths in width. The anastomosis was pulled through the opening in the mesocolon, the edges of which were sutured to the stomach wall. At the conclusion of the operation the stomach lay perpendicular to the loop of jejunum. The deepest point of the anastomosis was on the greater curvature. The efferent loop ran downward and to the left. The antecolic method with a long loop was used only in exceptional cases—for example, where the colon lay high under the stomach and the mesocolon was shrunken. In such cases Braun's entero-anastomosis was always added.

Particular attention was called to the smooth convalescence. The absence of vomiting was attributed to the wide stoma. The remote results checked up by chemical and roentgenological studies were also good.

As not applicable, he anastomosed the entire gastric end end to side with a loop of the jejunum. He summarized the advantages of the method as follows:

- 1 The anastomosis is easily performed with out tension upon the suture line.
- 2 The suture line is secure because of wide overlapping by serosa.
- 3 The conditions for the emptying of the stomach contents are very favorable because the stoma is wide and physiologically correct.
- 4 The use of the long loop is avoided as in Mayo's no loop gastro-enterostomy.
- 5 The procedure is time saving because the stomach is not sewed separately.

Finsterer (5) in 1913 advocated very radical resection of the stomach for the cure of ulcer on the ground that the acidity is reduced thereby. The method described by him, however, in no wise differed from that of Reichel or Hofmeister.

In America W. J. Mayo (12) in 1914 wrote enthusiastically about the method he chose to call the Pólya operation. He described it as

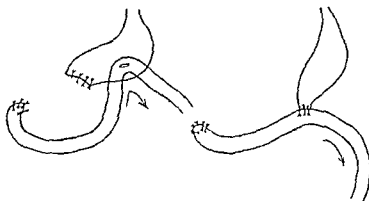


FIG. 6 Illustration by Kroenlein to show the difference between the Billroth II method and the terminolateral gastrojejunostomy. The whole stomach end was implanted into the jejunum.

Billroth II method von Hacker (7) expressed the thought that in case requiring very extensive resection the lower part of the stomach end could be utilized for implantation into the side of a loop of jejunum. In 1887 Kroenlein performed the

In the third decade of gastric surgery (1901 to 1910) the method was further advanced by

1888 He brought a loop of jejunum in front of the colon and anastomosed it to the lower end of the stomach stump (Fig. 5). Roux (10) of Lausanne operated upon two cases by the same method in 1889.

Until 1890 gastric resection was undertaken almost exclusively for carcinoma. The method of choice with most surgeons was the Billroth II procedure the gastroenterostomy being of course of the anterior type as originally proposed by Woelfler.

It appears that Roux in 1893 was the first to pull a loop of jejunum through a slit in the mesocolon and to perform a posterior gastroenterostomy after a stomach resection (Kolbe 8). He added to the operation a Y entero-anastomosis. In 1894 a retrocolic posterior gastroenterostomy was performed first by Braun and a few months later by von Hacker. Thereafter the posterior

the conclusion that the method presented no advantages and should be abandoned because of its high mortality.

An analysis of the failures gleaned from the postmortem records offers a ready explanation for the poor results obtained with a method which today gives almost ideal results. In the first place the operation was performed almost exclusively for carcinoma. The patients were frequently anæmic, cachectic, dehydrated and certainly poor risks. Imperfections and errors in technique explained such complications as twisting or compression of the jejunal loop, vicious circle, insufficiency of the suture line, etc.

In contrast to the gloomy view of Leriche and Tuffier were the results of Hofmeister. From the reports of Stumpf (20) in 1908 and of Burk (2)

uppermost coil of jejunum was brought up through a slit in the mesocolon and sutured to the lower end of the gastric stump. In some cases the entire gastric end was used for implantation. The tear in the mesocolon was sutured to the stomach wall.

Burk (2) described Hofmeister's technique in detail. When the duodenum and the pylorus were

mobile and easily reached the resection was frequently begun from the duodenal side. The stomach and the duodenum were seized with clamps about 3 or 4 cm below the pylorus and the bowel was severed. The cut surfaces were cauterized with a Paquelin cautery. Next the stomach was freed by clamping and ligating the small and the gastrocolic omenta. Adhesions to neighboring structures, the liver or pancreas, were separated by sharp dissection close to the stomach wall. In cases in which a callous ulcer had perforated into one of these organs the ulcer was separated from the stomach wall and left *in situ* and the hole in the stomach was closed with a

serous suture of catgut. Next the transverse colon was lifted. At this stage the ileocecal area was investigated and the appendix removed. A slit was made in the mesocolon, the uppermost loop of the jejunum was brought through and the colon was replaced. Then a portion of the gastric end, usually about one third, was closed with catgut mattress sutures and an anastomosis was performed between the remaining portion and the upper loop of jejunum. A sero-serous suture was made between the two and after incision into the serosa and the muscularis of the bowel the clamps were removed. Catgut was used for all of the layers as in several cases re-operated upon months later it was found that silk occasionally failed to cut out and produced small ulcerations.

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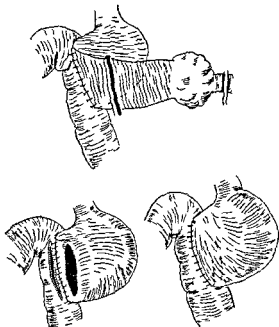


Fig. 7. The Pólya operation as performed by Pólya.

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was not applicable, he anastomosed the entire gastric end end to side with a loop of the jejunum. He summarized the advantage of the method as follows:

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- 9 KROENLEIN R U Traumatische narbige Pylorus  
stenose und Gastroenterostomia Kor Bl f  
schweiz Aerzte 1888, xviii 316
- 10 LERICHE K Des resections de l'estomac pour cancer  
Lyons 1906
- 11
- 12
- 13 Saunders  
Idem. The calloused ulcer of the posterior wall of the  
stomach Ann Surg 1906 lxxii 109
- 14 Idem Radical operations on the stomach with  
especial reference to the mobilization of the  
lesser curvature Surg Gynec & Obst 1923 xxxvi  
447
- 15 MIKULICZ J von Beiträge zur Technik der Opera-  
tion des Magencarcinoms Arch f klin Chir  
1898 lvi 524
- 16 NARATH A Zur Geschichte der zweiten Billrothschen  
Resektionsmethode am Magen Deutsche Ztschr  
f Chir 1916 cxxxvi 62
- 17 FÖLYA J  
tion
- 18 REICHET  
tion
- 19 ROUX J
- 20
- 21
- 22



follows: 'The diseased portion of the stomach is removed in the ordinary way and the stump of duodenum is closed and buried. An opening is made in the avascular arcade of the transverse mesocolon and the upper jejunum pulled through until it can be easily brought into contact with the stomach. The end of the stomach which is held in the crushing clamp of Pavy is united by suture to the loop of jejunum quite as the ordi-

Perhaps the principal advantage of the method is that it allows very radical resection without tension upon the anastomotic line. In a small per-

in the stomach than in the intestine thus reducing the lumen of the stomach as the suturing progresses.

The stomach is anastomosed to the jejunum at a point where the jejunal blood supply is extraordinarily good and the jejunum can be depended upon to do more than its share in the healing process. Before the inner through and through sutures are placed the stomach and the gut are grasped with elastic holding clamps to prevent soiling. The inner row of sutures is then run entirely around and the outer row completed. The entire anastomosed end of the stomach is

wall of the stomach.

This operation has some obvious advantages. It saves the time consumed in closing the end of the stomach. Unless further experience shows some contra-indication I predict for this procedure a large field of usefulness if it does not become the method of choice.

It seems that the swing of the pendulum is toward the method just described that is gastric resection as extensive as is indicated by the pathological conditions present and a posterior retrocolic terminolateral anastomosis. It is of little importance whether the entire gastric end or the lower part of it is used. This depends upon the size of the stomach wound and the size of the stoma desired.

From this short sketch it appears that the method passed through a rather slow evolution. It was first conceived by von Hacker in 1885 and was first used by Kroenlein. It was experimented with and elaborated by von Eiselsberg, Roux, von Mikulicz, Delagéniere, Doyen and others. In its present form to which it was brought by Hofmeister it has been given further application by a great number of surgeons—Reichel, Sasse, Polya, Finsterer, the Mayos, Moynihan and other.

difficult. Among the unpleasant features of the method are the occasional formation of a hematoma during the liberation of the duodenum and the vomiting of bile the first few days after the operation. The latter is due to the fact that as the common duct empties its contents opposite the anastomosis a good deal of bile gets into the stomach.

Of seventeen patients operated upon by this method only one died as the result of insufficiency of the suture line. In von Haberers opinion this operation is more physiological than any of the others and it eliminates the occurrence of peptic jejunal ulcer. It is difficult to pass judgment upon the method however as it has not been given a trial by other surgeons. For the present at least it seems that the posterior retrocolic terminolateral gastroyejuno-tomy is the operation of choice.

#### BIBLIOGRAPHY

1. BILK, A., BRAUN, H. and KLEMMWELL, H. *Chirurg* 1913, 11, 1015.
2. ... 1912.
3. ... 1912.
4. ... 1913.
5. ... 1913.
6. ... 1913.
7. ... 1913.

ment was being given. One method was the injection of salvarsan into the lateral ventricles. Suker replaced salvarsan with mercury and obtained good results. He reported four cases of arrested optic atrophy. Gifford and Keegan gave this treatment by the cisternal route in five cases. All of the patients showed improvement after the first injection and four maintained the improvement for from one to two and a half years. Gifford drew the following conclusions:

1 The intracranial injection of bichloride of mercury has given better results than other methods.

2 Intracisternal injection is a relatively simple and safe procedure.

3 Improvement in vision especially after the first injection is presumably evidence of an active infiltrative process.

4 The best results are obtained in early cases with definite defects in part of the field but with good central vision at least in one eye and little evidence of other nervous involvement.

5 In advanced cases of paresis and more general nervous involvement results are not to be expected even if the atrophy has not advanced and the chance of stopping the process in the nerve is less.

The technique of cisternal injections of mercury is as follows:

The cerebrospinal fluid is tapped; an adapter connected with a rubber tube attached to an open 20 c.c. syringe is inserted into the needle and about 10 c.c. of the fluid are allowed to run into the syringe. Ten drops of a solution of bichloride of mercury containing 1/50 gr. of the drug are then poured into the syringe from a minim flask previously prepared. The needle is then steadied, the tube pinched and the syringe shaken. When the mercury has been well mixed, the fluid is allowed to flow back into the cistern by gravity and the needle is withdrawn.

In a few minutes the patient may begin to vomit and complain of headache, but this reaction usually subsides after one or two days.

L. L. MCCOY, M.D.

Mann, I. C. The Development of the Human Iris.  
*Brit J Ophth* 1925 ix 495

A. J. of O. & H. 1925

1 The development of the iris can be divided into four stages: (a) from the fourth to the seventh week before the formation of the anterior chamber or ectodermal iris, during which stage the annular vessel is formed at the site of the future *circulus arteriosus iridis major*; (b) from the seventh to the eleventh week when with the appearance of the anterior chamber the mesodermal iris is formed; (c) from the eleventh to the twelfth week when the ectodermal iris first makes its appearance; and (d) from the third to the eighth month when the pupillary musculature is formed from the ectodermal iris and the central part of the mesodermal iris (up to the lesser circle) atrophies, leaving the pupil clear.

2 The definitive iris shows (a) a peripheral portion consisting of the entire thickness of the

VIRGIL WESCOTT, M.D.

## EAR

Jones, I. H. and Knudsen, V. O. Functional Tests of Hearing. *California & West Med* 1925 xxiii 1166

While the vestibular tests have now been standardized, no like condition prevails in the functional tests of hearing, and our dissatisfaction arises from inaccuracies in instruments, the patients' lack of understanding, and our varying interpretation of

quantitative tests of bone conduction, a noise ap

" " "

audiometric tests. Fixation impairment is characterized by a greater diminution for low tones than

# ABSTRACTS OF CURRENT LITERATURE

## SURGERY OF THE HEAD AND NECK

### EYE

O Connor R. Head Pains of Ocular Origin. *California & West Med* 1925 xxiii 1152

The author estimates that about 70 per cent of

Extra-ocular imbalances are esophoria, exophoria, cyclophoria and hyperphoria. In esophoria the corrective effort falls on the weaker divergers while

overwork of the oculomotor centers, direct irritation of the sensory terminals in the overworked muscle and direct irritation of these sensory terminals by fatigue toxins generated in the overacting muscle. Irritation of the fifth nerve which is projected to its

anatomical cause of true muscle imbalance and who after non-operative measures fail must wait for a miracle to correct the pathological changes. The

mechanism by excessive glare such as occurs in the tropics or under extremely bright artificial illumination. The treatment consists in the correction of refractive errors and muscle imbalance.

Hyperopic eyestrain results from excessive accommodation effort over convergence. Therefore

transverse to the muscle

O Connor emphasizes the frequency of glaucoma

of the nerve centers and muscles involved during 100 hours the subject is awake

GEORGE R. McCLIFF, M.D.

Viner N. and McMurtry S. O. The Arrest of Luetic Optic Atrophy by Cisternal Injection of Mercury. *Canadian Med J* 1925 xv 910

Formerly it was believed that luetic optic atrophy

was no conclusive evidence of intradural extension although it could not be definitely excluded. Three patients were found to have intracranial involvement

without result

Smith C Abscess of the Gasserian Ganglion Complicating Mastoidectomy for Acute Suppurative Mastoiditis Death Autopsy *Ann Otol Rhinol & Laryngol* 1925 xxxiv 938

Smith reports in detail a case of acute suppurative mastoiditis upon which he performed a simple

interference as it is present in only a small percentage of cases and occurs too late

JAMES C BRASWELL M D

## NOSE AND SINUSES

Salinger S An Adjustable Splint for Fractures of the Nose *Illinois M J* 1925 xlviii 304

Numerous splints have been devised for nasal frac

intranasal bar which is left in place for from three to six days constitutes the main support of the fracture. It is well tolerated, allows sufficient space for drainage and breathing and does not cause pressure necrosis of any consequence.

The advantages of this apparatus are that it

of the bones GEORGE R McWILLIAMS M D

Mitchell E C The Paranasal Sinus as a Focus of Infection in Children *South M J* 1925 xviii 686

In his study of the paranasal sinuses Mitchell

alone were infected in eighty four cases the sphenoid in two cases (both children at about the age of

sinuses to infections occurring later in life with the consequence that the infections tend toward greater chronicity.

In all of the author's cases constitutional and local

tion an autogenous vaccine was used routinely.

Surgical treatment consisted in opening the antrum and inserting a rubber drainage tube to keep the opening patent and facilitate washing of the antrum. This tube was left in place for one week but the cleansing of the cavity was often continued over a much longer period.

In the majority of the cases the offending organism was the streptococcus but in a few it was the staphylococcus aureus.

The tonsil had been removed previously in all but fourteen cases. Failure to recognize the presence of sinus infection at the time of the removal of the tonsils and adenoids will lead to recurrence of the symptoms for which they are removed.

The author cites some interesting cases in which the complaint seemed remote from paranasal sinus infection but when this infection was found and treated the trouble cleared up. These cases include

Wagers A J Chronic Otorrhoea with Special  
Reference to Conservative Treatment *Arch Otol*  
11 J 1925 xxviii 827

pairment however it may improve hearing  
On the basis of these facts the amplifier part of

Special curative agents employed were collodium  
silver ultraviolet rays zinc ionization and a 5 per

inductance a capacitance and a resistance which

thorough cleaning of the ear was probably an  
important factor leading to recovery

HENRY M GOODYEAR M D

White L E Papilloedema of Otic Origin *Arch*  
*Otolaryngol* 1925 ii 371

Lake R Means and Methods of Testing in Aural  
Disease *Arch Otolaryngol* 1925 ii 340

occasion by  
Marconiphone is especially helpful The voice  
however is best of all not merely as a test of hearing  
but also as a means of estimating improvement

GEORGE R McAVULIFF M D

Lillie H I and Lillie W I Choked Disks in Asso-  
ciation With Surgical Mastoid Disease Without  
Apparent Intradural Involvement *Arch Oto*  
*laryngol* 1925 i 355

In four cases of choked disk associated with sur-  
gical mastoiditis complete recovery resulted There

Collier T A Inevitable Damage Consequent upon Goiter *Boston M & S J* 1925 cxliii 545

The author wishes to emphasize the fact that all goiters have potentialities for harm and many will in time produce serious pathological changes. He writes especially of the endemic goiters.

Endemic goiters are combinations of the colloid

action of a low grade thyrotoxic agent. Mental changes of a minor but disabling nature may be produced by this condition in patients with a psychopathic inheritance; it may cause even more grave abnormalities. No accurate determination can be made of the percentage of persons with adenomatous goiter who develop hyperthyroidism, but with the advance in age to the fifth and sixth decades nearly a third of hospital patients with adenomatous goiters present measurable hyperthyroidism. That the adenomata are responsible for this condition seems clear since their removal promptly causes a return of the basal metabolism to normal.

The author found evidence of some degree of tracheal compression in 26 per cent of his patients with endemic goiter. This form is considered a precancerous lesion with an incidence of malignancy of at least 3 per cent.

In the early years endemic goiter can often be prevented by supplying the necessary amount of iodine, but later after the adenomata have devel-

The danger in the administration of iodine in the New England states is its employment in nodular or adenomatous goiter. In such cases its use converts a non-toxic adenoma into a toxic adenoma. It should therefore not be given when nodules can be palpated.

In the Lahey Clinic the use of Lugol's solution has practically eliminated preliminary pole ligation, has made it possible to complete a subtotal thyroidectomy in one stage in the great majority of

the year from July 1, 1924 to July 1, 1925, 100 were completed in one stage and sixteen in two stages.

in bed.

Lugol's solution is not a cure for exophthalmic goiter. It is used only to prepare patients for operation. In the Lahey Clinic

Lahey F H The Use of Iodine in Goiter *Boston M & S J* 1925 cxliii 487

Iodine is of value as a prophylactic agent against the development of goiter in children in regions

of thyroidism previous to the administration of Lugol's solution.

Since the use of Lugol's solution Lahey has noted an increase in the incidence of myxedema following subtotal thyroidectomy. He believes that this is

such conditions as rheumatism acute and chronic  
 psyllitis bronchitis bronchial asthma and acute  
 nephritis  
 V R LAPP MD

## MOUTH

Morrow H and Taussig L Some Pathological  
 Conditions of the Tongue *Cal formia & West  
 Med* 1925 XXIII 1149

Leucoplakia one of the most common lesions of

metastasizing and frequently curable by surgery  
 The indurated and infiltrating variety usually  
 grows rapidly metastasizes early and resists  
 therapy The latter form often arises on an old

described

### 1 The colloid

A Adolescent Age Childhood and early adult  
 life no constitutional and little if any local  
 disturbance The gland Uniform en-  
 largement due to an increase in the colloid  
 content of the acini Histology Little  
 change in the acinal epithelium

B Interstitial Age Chiefly early adult life  
 Constitutional symptoms Mild nervous-  
 ness a moderate variation of the cardiac  
 rate and easily induced fatigue The gland  
 Small and uniform firm and sometimes  
 sensitive to pressure Histology Vacuoli-  
 zation of the colloid flattened acinal epi-

### C L

marked increase in the interstitial cell  
 f cmj 00

tional symptoms Loss of weight nerv-  
 ousness and nausea The gland May or may  
 not be larger and firmer Histology De-  
 generation of acini and colloid occasional  
 areas showing cell proliferation

### 2 The adenomata

A Fetal adenoma Constitutional symptoms  
 May be extreme with nervousness and loss of  
 weight gland pulsatile voice not high

Histology A true adenoma with an in-  
 crease in the number of acini epithelium  
 stains deeply

B Toxic (non Basedow)—papillary adenomata  
 Constitutional symptoms Voice high  
 pitched capillary dilatation general rest-  
 lessness eye signs absent early but later  
 pathognomonic recrudescence likely to  
 occur in later years The gland Expansile  
 Histology Marked gland proliferation but  
 with papillation of the acinal epithelium

C Toxic Basedow type This is an advanced  
 stage of type B

ANTHONY F SAVA MD

## NECK

Hertzler A E A Classification of Goiters on a  
 Pathological and Clinical Basis *Am J Surg*  
 1925 XXIX 211

In Hertzler's opinion there is much confusion  
 concerning the pathology of goiter because those who  
 have talked about the subject greatly outnumber  
 those who have studied the pathology of the disease  
 and the majority of those who have studied the  
 pathology have been concerned with the specimen  
 only Heretofore two great groups of goiters have  
 been recognized but the classification is difficult

in most cases was rapid but in some instances was a little delayed by a slight serous drainage.

Beraud reviews seventy-two cases, nine of which were treated by the old open method. Twelve of the patients died within three months—thirteen in the first three days, four between the fourth and tenth days, three within two months, and one after three months. If the one who died after three months from intercurrent disease is omitted, the total operative mortality was 33.33 per cent. The mortality up to the second week after the operation was 29.16 per cent, or if the cases which were hopeless on their admission to the hospital are omitted, 20 per cent.

The deaths occurring on the first and second days were due to extensive traumatism or traumatic or operative shock, those occurring in the first three days to extensive traumatism or traumatic meningitis, those occurring between the third and

fourth days to cerebral hernia. The death occurring at the end of three months was due to embolism during pneumonia.

Of the cases of open wound, one showed intense infection and cerebral hernia. The death occurring at the end of three months was due to embolism during pneumonia. One was a sudden death. These are included with the twenty-four early deaths; the mortality was 38.83 per cent. Two of them followed another operation performed two and one-half years after the first one, and one a latent infection. One was a sudden death.

The author concludes that the secondary mortality in case of skull wounds is much lower and sudden death is less frequent than is generally believed. Three of the four late deaths in the cases reviewed he attributes to the lighting up of apparently extinct foci of infection.

According to the type of wound, the mortality was as follows: in eighteen cases of tangential (non-penetrating) wounds, 11.11 per cent; in twenty-six cases of secant (penetrating) wounds, 46.15 per cent; in eighteen cases of wounds of entrance, 50 per cent; and in ten cases of wounds of entrance and exit, 50 per cent. In secant wounds, the zone of cerebral infection was small.

In twelve cases, the infection occurred early, and three were late. In twelve cases in which the projectile was not removed, there were four deaths, a mortality of 33.33 per cent. All of these deaths occurred early.

The paradoxically low mortality of twelve trephinations without removal of the foreign body demonstrates the tolerance of the brain to small

minimal in eight, moderate in nine, marked in ten, very great in one, and in one unknown. Twenty-two patients have the same occupation as before the operation; seven have changed to less difficult work; four have taken official employment reserved for the disabled; and four do not work. Fifteen are farmers.

have chills, cerebral shell lag, and complaints of night vertigo but has passed his examinations for a doctorate and is now practicing. **WALTER C. BLAKE, M.D.**

**Fisher, L.** The Present Status of Vestibular Tests in Intracranial Conditions. *Laryngoscope* 1925, xxxv, 657.

In order to obtain more accurate data relative to the estubular tests in intracranial conditions, the author made a study of the records of 303 cases which were treated at the University of Pennsylvania Hospital and in which the diagnosis was verified by operation or autopsy.

He found that vertigo and past pointing are reliable indications of the condition of the contents of the posterior fossa. A cerebellar lesion is usually associated with impaired vertigo and past pointing.

tion, nausea, pallor, sweating, and vomiting as the

who is easily made sick by turning or douching, the lesion is cerebral. If on the other hand large doses of ear stimulation do not upset him, the lesion is cerebellar. The presence of conjugate deviation of the eyes instead of a full nystagmus following stimulation is a fairly accurate indication of the side on

side of

**Adson, A. W.** Surgical Treatment of Facial Paralysis. *Arch. Otolaryngol.* 1925, ii, 217.

The author reviews the literature, anatomy, and



# SURGERY OF THE NERVOUS SYSTEM

## BPAIN AND ITS COVERINGS CRANIAL NERVES

Davidson E C and Allen C I The Blood Glucose  
Curve in Head Injuries Bull Johns Hopk n  
Hosp Balt 1925 xxxvii 217

damage to the brain tissue

The blood sugar curve following the intravenous  
injection of 25 gm of glucose was determined in

of the brain the average value at the end of fifteen  
minutes was much higher than that for normal  
persons and the curve fell to the fasting level much  
more slowly In cases of fracture of the skull the

cular herophib

was then removed and the opening enlarged  
by the use of a

index finger

After débridement the tract was painted with  
a solution of

Bér

xliv 523

Kraus was among the first to advocate debride-  
ment and primary suture of head wounds During  
the war most skull wounds were operated upon  
from a few to thirty six hours after the injury

was taken out The remaining sutures were removed  
on the tenth day After from fifteen to twenty days  
the patient was allowed to get up and was evacuated  
as a sitting case with the cicatrized scar hidden by  
hair

so that

cerebral fungus gave place to primary union which

in the first three days four between the fourth and tenth days three within two months and one after three months. If the one who died after three months from intercurrent disease is omitted the total operative mortality was 33.33 per cent. The mortality up to the second week after the operation was 29.16 per cent or if the cases which were hopeless on their admission to the hospital are omitted 20 per cent.

The deaths occurring on the first and second days were due to extensive traumatism or traumatic or operative shock those occurring in the first three days to extensive traumatism or traumatic meningitis those occurring between the third and

case of open wound showed intense infection and cerebral hernia. The death occurring at the end of three months was due to embolism during pneumonia.

Of ten patients who died within nine years after the operation four died from accidents (train automobile gunshot wounds) and two from disease (purulent pleurisy and tuberculosis). Only four deaths were attributable to the original injury. If these are included with the twenty-four early deaths the mortality was 38.88 per cent. Two of them followed another operation performed two and one-half years after the first one and one a latent infection. One was a sudden death.

#### INDICATION

According to the type of wound the mortality was as follows: in eighteen cases of tangential (non-penetrating) wounds 11.11 per cent; in twenty-six cases of secant (penetrating) wounds 46.15 per cent; in eighteen cases of wounds of entrance 50 per cent; and in ten cases of wounds of entrance and exit 50 per cent. In secant wounds the zone of

occurred early and three were late. In twelve cases in which the projectile was not removed there were four deaths a mortality of 33.33 per cent. All of these deaths occurred early.

The paradoxically low mortality of twelve trephinations without removal of the foreign body demonstrates the tolerance of the brain to small

minimal in eight moderate in nine marked in ten very great and in one unknown. Twenty-two patients have the same occupation as before the operation seven have changed to less difficult work four have taken official employment reserved for the disabled and four do not work. Eighteen are farmers. Of the eleven who have married nearly all have children. One patient with a secant cranio-cerebral wound of the left temporal region from a shell fragment complains of slight vertigo but has passed his examinations for a doctorate and is now practicing.

WALTER C. BURKET, M.D.

#### Fisher, L. The Present Status of Vestibular Tests in Intracranial Conditions. *Laryngoscope* 1925, xxiv, 637.

In order to obtain more accurate data relative to the vestibular tests in intracranial conditions the author made a study of the records of 103 cases which were treated at the University of Pennsylvania Hospital and in which the diagnosis was verified by operation or autopsy.

He found that vertigo and past pointing are reliable indications of the condition of the contents of the posterior fossa. A cerebellar lesion is usually associated with impaired vertigo and past pointing.

Nausea, pallor, sweating and vomiting as the result of douching and turning practically never oc-

mistakable neuro-otological signs of a brain lesion who is easily made sick by turning or douching the lesion is cerebral. If on the other hand large doses of ear stimulation do not upset him the lesion is cerebellar. The presence of conjugate deviation of the eyes instead of a full nystagmus following stimulation is a fairly accurate indication of the side on

#### Adson, A. W. Surgical Treatment of Facial Paralysis. *Arch. Otolaryngol.* 1925, ii, 217.

of recovery are

completely paralyzed and have recovered a certain degree of tonus, but there is no co-ordination be

of the proximal end of the spinal accessory to the distal end of the facial while others claim that

accurate approximation between the proximal and distal ends of the nerves sutured with interrupted sutures of silk and the time of the repair which

dry arthritis The perception of pain and tem

persistently the necessary exercises

When the paralysis has existed for more than three years little can be expected from nerve

but the results do not seem to be much better than those of spinofacial anastomosis In the case of recent

eyes

AUDREY G. MORGAN M.D.

Lecouturier The Result of a Spinofacial Anastomosis After Sixteen Years (Resultat après seize ans d'une anastomose spinofaciale) *Arch. f. an. o. belges de chir.* 1925, xx, iii, 308

# MISCELLANEOUS

Stulz E. and Stricker P. Acute Hypotension of the Cerebrospinal Fluid of Traumatic Origin (Hypotension aiguë du liquide céphalo-rachidien d'origine traumatique) *Rev. de chir. Par.* 1925, xlv, 506

tion

Terriehe at first treated hypotension with subcu

increased flow of the fluid from the ear but aroused the patient from coma. Each new intravenous injection produced the same effect.

Stulz and Stricker observed the syndrome of acute

intravenous injection of the distilled water led to complete recovery.

In one case while the lumbar puncture needle was connected with the manometer an intravenous injection caused the spinal fluid pressure to mount to 12 cm. In both cases a lumbar puncture several days later registered normal pressure.

In the third case the initial pressure of 5 cm. soon fell to 2 cm. but was increased to 12 cm. by the intravenous injection of a small quantity of distilled water. It then fell to zero and the patient's mental condition became clouded for forty-eight hours. A

other the pressure was 40 cm. when the patient was admitted to the hospital but hypotension was found on the third day.

The condition of all three patients quickly im-

proved. Stulz and Stricker consider the intravenous injection of from 30 to 40 c.c. of distilled water a simple, harmless and rational treatment for cerebrospinal fluid hypotension. Permanent relief may require two, three or more injections.

WALTER C. BURKET, M.D.

coma recurred and lumbar puncture showed renewed hypotension. In one case the symptoms included headache and vertigo and in the other dizziness, vomiting and a slow pulse. A second

# SURGERY OF THE CHEST

## CHEST WALL AND BREAST

Portmann U V The Rôle of Radiation in the Treatment of Cancer of the Breast *Radiology* 1925 v 286

According to Lee and Herendeen a primary in operable cancer of the breast may be defined as a cancer characterized by any one of the following

Steinthal groups cases of carcinoma of the breast as follows

be found at operation

derlying tissues and the supraclavicular glands are

per cent

Group 2 Cases in which the axillary glands were involved 81 per cent

Group 3 Advanced cases with involvement of the

incers

of no

comparative value

Postoperative intensive radiation especially in large doses is hazardous and increases the per

to breast cancer

The natural resistance of the body must be increased

MORRIS H KAHN M D

## TRACHEA LUNGS AND PLEURA

Churchill E D Pulmonary Atelectasis, with Especial Reference to Massive Collapse of the Lung *Arch Surg* 1925 xi 489

and attended by physical signs and symptoms

In two of six typical cases of postoperative massive collapse of the lung the condition followed an operation performed under local anesthesia. In one it was associated with paralysis of the intercostal muscles and in two others with minor pulmonary embolus and a subdiaphragmatic tumor respectively.

The usual symptoms are dyspnea which at times is attended by cyanosis a dull pain beneath the xiphoid process elevation of the temperature the

of pulmonary collapse may alter the pathological course of an embolus lodged within its borders

CIRIL J. GLASPEL, M.D.

Whittemore W. Thoracoplasty in Advanced Pulmonary Tuberculosis. *Boston M & S J* 1925 cxviii 542

Surgery is indicated in cases of unilateral tuber

developed by Sauerbruch remains viz. extrapleural resection of the posterior portions of the ribs close to the transverse processes of the vertebrae.

In four of five cases in which Thearle induced collapse from above downward basal complications developed while in none of those in which the collapse was induced from below upward were there

severe hemorrhages are not as good surgical risks as earlier cases. Patients over 50 years of age are poor risks. On the other hand

viscera to the consequences of thoracoplasty and probably reduces the danger of aspiration. In the majority of cases it can be advantageously employed preliminary to surgical collapse.

In sixty cases treated by thoracoplasty the disease was arrested in 30 per cent and improved in 5 per cent. The mortality was 18 per cent.

JOHN J. MALONEY, M.D.

Kerley P. Neoplasms of the Lungs and Bronchi. *Brit J Radiol* 1925 xvi 333

The symptoms of malignant disease of the lungs are masked by those of complications such as chronic pneumonia, gangrenous degeneration, abscess formation and pleural effusion. The X-ray plates, however, are fairly characteristic.

Lung tumors may be classified into six groups—the pneumonia, hilum, nodular, cavernous, metastatic and carcinomatous forms.

The pneumonia form is the most common. The lung lobe affected, which as a rule is the upper lobe, appears as a moderately dense shadow sharply outlined by the interlobar tissue. The presence of fluid is ruled out by the sharp border of the shadow, its position and the fact that it is rarely dense enough to obscure the shadow of the ribs. Toward the apex and the lateral wall the intensity of the shadow decreases. The apical field may be quite

about one third are cured and one third are benefited. The remaining third are those not benefited, those in which the condition progresses and those that are still under treatment or cannot be traced.

LEO M. ZIMMERMAN, M.D.

Thearle W. H. Extrapleural Thoracoplasty in Pulmonary Tuberculosis. *Med J & Ac* 1925 cxviii 399

of for the ue performed the amount of rib that should be removed and whether the resection should be performed from below upward or above downward the principle of the operation as

dia  
sh  
ni

umum by thin or thick dense shadows

These are not so sharply outlined as metastases. The associated intense peribronchial infiltration also proves that they are primary.

The cavernous type of lung neoplasm is exceedingly rare. It is suggested by the presence of a huge solitary cavity in one lung. The association of slight manifestations of tuberculosis with such a cavity does not necessarily mean that the cavity is tuberculous. The differential diagnosis from phthisis and abscess of the lung is very difficult, but in cases of cavernous tumor a good roentgen plate shows

as the contents of the cavity are coughed up.

The metastatic form of lung tumor is of two types: the isolated and the disseminated. The former is

side. It was impossible to establish a relationship between the character of the shadow and the organism isolated. Cardiac displacement was present in 40 per cent of the cases. One fourth showed a definite

The author reports seven cases in detail. He calls attention to the fact that in many instances

#### HEART AND PERICARDIUM

##### Felix, Th. and others: Operations on the Peri-

In dogs with mitral insufficiency, Felix produced

#### Carty, J. R. and Liebman, G.: The Roentgen Aspect of Empyema in Children. *Am. J. Roent.* vol. 1925, xiv, 215.

Empyema in children is often very difficult to diagnose clinically and its roentgen picture is frequently puzzling. This article is based on a study of 225 cases of empyema and 100 cases of non-purulent effusion.

ture may change over night. Films are taken in the upright

#### ESOPHAGUS AND MEDIASTINUM

##### Linde, Th. and others: Thoracotomy on the

1924, ii, 47

SCOTCHES AND HOW TO  
narrowing of the intercostal spaces on the affected

The experimental animals used in this study of partial and total thymectomy were young cats, dogs

pigs and goats. The operation performed was the median procedure recommended by Basch and modified by Klose and the positive pressure apparatus used was the Vollhard Meltzer apparatus as modified by Klose. The animals were kept under

1 Tumors originating from the proliferation of the lymphocytic cell element of the mediastinal lymph glands or of the thymus (such as lymphosarcoma, thymoma, pseudoleukemia, lymphatic leukemia and simple lymphoma). These tumors entirely disappear within from four to ten days following the administration of a 90 to 100 per cent skin unit standard dose of roentgen rays over the tumor mass.

2 Tumors originating from the proliferation of the reticulo endothelial cell element of the mediastinal lymph glands and thymus (Hodgkin's disease, Sternberg's type of hyperplastic tuberculosis, endothelioma). Following the administration of a 90 to 100 per cent skin unit dose, these tumors are reduced within ten days to about one half their original size and then entirely disappear within six weeks following the exposure.

3 Other primary tumors of the mediastinal area

1

Evans W. A. and Leucutia T. Deep Roentgen Ray Exposure as an Aid in the Differential Diagnosis of Mediastinal Tumors. *J Am M* 135 1925 lxxiv 1215

As the pathological diagnosis of mediastinal tumors is always very obscure unless a secondary

show a more or less pronounced reduction in size following the administration of the 90 to 100 per cent standard skin unit dose, but rarely disappear in six weeks following the exposure. In such cases the radiation helps to establish the fact that the neo-

sensitivity this causes a reduction in the size of the tumors. According to the variation in size mediastinal tumors are classified as follows



# SURGERY OF THE ABDOMEN

## ABDOMINAL WALL AND PERITONEUM

Van Hook W. Contributions to the Surgery of Abdominal Hernia *Boston M & S J* 1925 cxciii 714

1. 2. 3. 4. 5.

1. When the possibility that the chloride may be destroyed or consumed in the toxemia. They therefore studied the therapeutic use of chlorides.

1. blood findings obtained in the severe toxemia that followed were similar to those mentioned. In low

Van Hook transplants the lower part of the rectus muscle or muscles to Poupart's ligament or to the

1. died after two three and four days. In another

muscles

In suitable cases these methods have yielded successful results. JOHN A. WOLFER M.D.

Heaney F. S. and Simpson G. G. E. Two Cases of Hernia Through the Transverse Mesocolon *Brit J Surg* 1925 xiii 387

1. was introduced into the lumen of the intestine the results were the same as those obtained by hypodermolysis.

genital defects of the mesocolon, violence and ptosis. The authors believe that the most important factor is midline ptosis which was present in ten of the twenty-one cases reported.

SHIRLEY C. LYONS M.D.

Davidson I. B., Willcox E. and Haagensen C. D. Gastric Excretion of Neutral Red. *J Am Med Ass* 1925 lxxiv 794

## GASTRO INTESTINAL TRACT

Orr T. G. and Haden R. L. Reducing the Surgical Risk in Some Gastro Intestinal Conditions. *J Am Med Ass* 1925 lxxv 813

1. 2. 3. 4. 5.

In six groups of patients 4 c cm. of a 1 per cent solution of neutral red were injected intramuscularly and the rate of its excretion was studied. The averages of the different groups confirmed the results previously reported. Patients with hyperacid

it seemed impossible to draw any conclusions regarding the pathological physiology of the stomach.

The anacidity group included two types of cases—those with carcinoma or secondary anemia in which

tiation of several cases of secondary anemia with

**Hertzer A. E. Acute Surgical Conditions of Gastric Origin.** *J. Missouri State M. Ass.* 1925 XLII 345

Hertzer states that a history of hunger pains relieved by alkalis is obtained only once in twenty

without blood

The author warns against making a positive diagnosis on the basis of insufficient data. A history of gastric distress is obtained in only half of the cases. Although the picture of recently perforated

tiation of morphine

The fact that the most severe pain and most

perforation

Shifting tenderness is confusing but if the per

for

will

om

col

tor

act

ovarian cyst or some other pathological condition

in the lower quadrant may be made. The treatment is simple viz. repair of the rent and drainage if necessary. Drainage of the site of rupture may interfere with proper healing and favor sinus formation and should therefore be avoided if possible.

ANTHONY T. SAVA M.D.

**Eliot E. Acute Perforated Pyloric Ulcer. Condition Twenty One Years After Operation.** *Ann. Surg.* 1925 LXXVI 663

The author reports the case of a man who was operated upon twenty one years ago for perforated ulcer of closure

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only at

the first part of the duodenum

In Eliot's opinion a subsequent gastro enterostomy is often unnecessary after simple closure of an

I have been able to find only one

only. Under medical treatment the subjective symptoms disappeared and on recent X ray examination satisfactory function of the gastro enterostomy was found and there was no evidence of ulcer. This case demonstrates that gastric ulcer may develop in spite of a gastro enterostomy and that even in apparently unfavorable cases good results may be obtained without operation.

WILLIAM J. PICKETT M.D.

**Lund F. B. Comments on the Surgery of Carcinoma of the Stomach.** *Boston M. & S. J.* 1925 CXXI 666

Most cases of carcinoma of the stomach reach the surgeon too late for anything more than ex

demonstration of extensive involvement by means of the X ray contra indicate even exploratory op

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JERVIS H. KAHN M.D.

**Liu J. H. Tumors of the Small Intestine with Especial Reference to the Lymphoid Cell Tumors.** *Arch. Surg.* 1925 XL 602

In the cases reviewed by the author the lympho blastoma the most common tumor of the small in

testine was found three times as frequently as

intestine than females the ratio being more than two to one

Adenoma occurs in persons under 30 years of age and carcinoma in those over 35 years Lymphoblastomata may occur at any age but over 40 per cent develop in children under 10 years old

be either benign or malignant Even by a careful study of microscopical sections it is impossible to foretell whether a lymphoblastoma will recur or not  
CYRIL J CLARKE M D

Berg H H Direct Signs of Duodenal Ulcer *Brit J Radiol* 102, xxx 37

The author has improved the method of demonstrating the anatomical details of duodenal lesions by the Akerlund technique For the visualization of niches on the anterior or posterior wall he advocates his aimed snap shots taken in different positions The second oblique direction is recommended for the demonstration of these lesions

In Berg's opinion the swelling of the mucous membrane folds is an important cause of the contraction which has hitherto been considered purely spasmodic Attention is called to the radiating folds converging to the ulcer which appear only when there is a certain degree of compression By careful roentgenological study it is possible to recognize the anatomical state of the lesion and to determine accurately the indications for medical or surgical treatment  
JOHN A WOLFE M D

Nagel G W Unusual Conditions in the Duodenum and Their Significance Membranous Obstruction of the Lumen Diverticula and Carcinoma *Arch Surg* 1925 xi 529

The unusual condition in the duodenum is

2 Duodenal diverticula of developmental origin

ciated with duodenal ulcer and their symptoms were those of this lesion Small non inflamed diverticula require no treatment but the larger ones should be inverted into the lumen of the bowel or removed by a plastic operation

3 Secondary involvement of the duodenum by malignant growths Three specimens are described Slight involvement of the duodenum was found in five of fourteen cancers of the pylorus seen at autopsy Cancer of the duodenum is either secondary or primary It is usually impossible even at

Hurst A F and Rowlands R P Diverticula of the Colon *Guy's Hosp Rep* Lxli 191, lxxv 467

The authors give a brief review of the literature on diverticula of the colon beginning with Cruveilhier's article in 1849 Some of the early descriptors

muscular atrophy and the presence of excess tension in the walls of the colon It is possible also that diverticula may form at the site where the blood

feces

From the clinical standpoint diverticula may be divided into two types the inflammatory and the obstructive The inflammatory type causes symptoms very similar to those of acute appendicitis but on the left instead of the right side The process may subside by draining into the bowel or may go

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and are best detected when the colon has been

Primrose A. Tumors of the Large Bowel. *Canadian Medical Association Journal* 1925 xv 897

This article is based on a study of 107 cases of

Atropine may be given. Surgical treatment includes excision of the diverticulum, colostomy, short circuiting operations and resection. In selected cases resection is favored. In the presence of abscess and peritonitis the treatment should be along general surgical lines.

JOHN A. WOLFER, M.D.

Erdmann J. F. Acute Diverticulitis of the Colon. *J. Med. Soc. N. Jersey* 1925 xxi 376

Diverticulitis occurs most frequently in the left lower quadrant but may develop in any part of the colon. It is most common in males between the ages of 40 and 50 years but has been found also in children. All that can be said of its origin is that under the influence of undue pressure, pouching of the intestinal coats takes place because of weakness of the intestinal wall.

Diverticulitis may be classed as true or false. The

this form the condition may be confused with carcinoma. The author believes that many patients who were thought to have a carcinoma and were still alive five years later were in reality suffering from diverticulitis. The most frequent complication of the acute type of diverticulitis is abscess formation and adhesion to neighboring viscera, especially the bladder.

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crypts into which probes of various sizes may be introduced. In a number of these pouches fecal concretions may be found.

While it is known that in this as in other in

muscular coat. Septic infection, abscess formation and perforation frequently result. Inflammatory thickening may produce tumor formation and obstruction of the bowel. A temporary colostomy may

frequently an early sign but symptoms of obstruction occur late in the disease on account of the large capacity of the colon and rectum. The general practitioner frequently loses valuable time by treating the patient for hemorrhoids.

In early cases the operation of choice is resection of the bowel. In advanced cases the combined abdominoperineal operation with wide removal of the lymphatic channel and lymph glands may be justified but has a high mortality. The value of

examination of the abdomen demands a laparotomy. Blood in the stools suggests a serious condition and an X-ray examination should be made. Proximal to a growth the bowel is dilated and the muscular coat hypertrophied.

The operative procedure must be determined after the abdomen is open and the conditions have been accurately determined. In acute obstruction or abscess formation the two stage Mikulicz operation is the procedure of choice.

General carcinomatosis abdominalis is almost invariably secondary to a primary focus within the abdominal cavity. The most common source is a primary malignant papilloma of the ovary. Friedman reports three cases which illustrate the remarkable possibilities as to prolongation of life in this condition. Attention is called to the fact that there are occasional cases in which general carcinomatosis disappears spontaneously and with an apparently permanent cure.

MERLE P. HOOD, M.D.

Friedenwald J. and Rosenthal L. J. The Diagnosis of Carcinoma of the Colon and the Rectum. *Medical Journal* 1925 cxvii 447

it has the lowest mortality

HARRY W. FINE, M.D.

Next to the stomach the rectum is the most frequent site of malignant growths in the gastrointestinal tract

Of the sixty four patients with carcinoma of the colon whose cases are reviewed by the author 85

colon as far as the promontory In order to prevent cancer of the colon

HARRY W. FINK, M.D.

successful

Outerbridge C. W. Cystic Lesions of Possible Endometrial Origin in the Appendix. A Report of Four Cases. *Am J Obst & Gynec* 1925 2 54

Outerbridge describes four appendices showing rather remarkable and unusual lesions in the form of

# LIVER GALL BLADDER PANCREAS AND SPLEEN

Sh

cellular tissue. All were in the outer layer, having apparently no relation whatsoever to the mucosa. They were lined by a single layer of columnar epithelium, varying somewhat in height and were associated with definite evidences of marked chronic or subacute inflammatory changes in the appendix. All occurred in women. E. I. CORVELL, M.D.

Ba

SHATTUCK, BROWN and PRESTON, *Massachusetts*

Pfeiffer D. B. Cancer of the Rectosigmoid Tract. *Alta H & M J* 1925 xxviii 814

Rectosigmoid malignancy is the most common intestinal type of carcinoma occurring caudal to the pylorus.

and proctoscopic examination are the best guides to an early correct diagnosis.

Carcinoma of the lower bowel spreads in three directions—downward laterally and upward. Since the intramural lymphatics run at right angles to the wall of the gut, the major difficulty is encountered

and free from danger. Its greatest value is in the

# Starr F N G Biliary Disease as Seen in General Practice Canadian M Ass J 19 5 xv 972

In obtaining the history of a patient with gall bladder disease it is better to ask How does your trouble affect you? rather than What is your chief complaint? The relationship of the pain discomfort or gas to the taking of food must be learned Constipation and the presence of mucus in the stools are frequent symptoms If jaundice is present its type must be determined Catarrhal jaun

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appearance of clay colored stools indicates common duct obstruction Painless jaundice associated with failing health usually means malignancy of the head of the pancreas

Attention is called to the fact that pressure may be produced on the common duct by a large appendiceal abscess

Gall stones are three times as common in women as in men and because of the high content of cholesterol in the blood during pregnancy they are particularly common in women who have borne children

Inflammation of the gall bladder begins early in life In over 36 per cent of the author's series of almost 1000 cases there was a history of pain head ache and bilious attacks before the age of 25 years In some cases stone formation occurs in others

h a c h e a n d b i l i o u s a t t a c k s o f c h r o n i c

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dition is accompanied by pain in the epigastrium and tenderness usually a little to the left of the midline Repeated attacks of pancreatitis may be

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cases is preceded by a sense of discomfort in the upper part of the abdomen on the right side Mucus was present in the stools in 26 per cent of the cases operated upon and in 90.3 per cent of the chronic colitis was entirely relieved by the operation Nausea was overcome entirely in 86.7 per cent of the cases in which it was present and vomiting in 66.2 per cent

In uncomplicated cases of chronic cholecystitis treated by cholecystectomy the mortality is under 1

detoxication of proteins Clinical experience has shown that while these functions are probably very closely related they may act entirely independently of each other Since they probably modify the activity of every other essential organ in the body every functional liver test must be interpreted in the light of the influence of the liver on the organs

without any unfavorable effect upon the patient The Widal haemolytic crisis probably tests the proteolytic function of the liver which is allied to but different from its bile forming function Liver function appears to be closely associated with the behavior of the blood stream leucocytes Both come under the influence of any foreign protein introduced through the intestinal tract or the tissues elsewhere It seems probable that the leucocyte tests used to day are in reality liver function tests An extreme leucocytosis in the presence of bile is probably caused by a haemolytic stimulant acting not because of the presence of bile but in spite of it In the last analysis the icterus index is a measure of the bilirubin in the blood stream Its clinical interpretation must depend upon all of the factors that will produce this condition It is a valuable aid in diagnosis prognosis and treatment

CARL J GLASPEL M D

per cent while in very acute cases in which only the simplest drainage is done it is approximately 15 per cent. In the variously complicated cases with acute or chronic pancreatitis it is almost 5 per cent.

Sixty per cent of the author's patients report themselves cured at the end of a year. An additional 31 per cent are relieved of most of their symptoms and about one half of 1 per cent state that their condition is worse.

MERLE R. HOOVER, M.D.

**Summers J. E.** How the Mortality May Be Reduced in Operations on the Gall Bladder and Gall Ducts. *Alabama State M. J.* 10: 5 & 373.

One of the most marked advances in gall bladder surgery is the prophylactic preparation of cholera.

Appraisal of the gallbladder may be difficult if the patient is fat as it must be done more by the sense of touch than by the sense of sight. As a result the security of the ligatures is less dependable. Mention is made of the growing tendency to remove the gall bladder and close the abdomen without the establishment of drainage, a practice occasionally followed by death which the author believes might otherwise have been prevented.

Early cholecystectomy removes the danger of cancer and other serious changes in the gall bladder and prevents the spread of gall bladder infection.

MORRIS KALL, M.D.

**Burden V. G.** Observations on the Histological and Pathological Anatomy of the Hepatic Cysts and Common Bile Ducts. *Ann. Surg.* 1925 lxxxii: 584.

or diverticula.

The ducts are provided with a well developed musculature composed of isolated longitudinal and circular bundles situated in the outer layer of the duct and separated from each other by connective tissue. The muscle does not form a compact layer but is arranged as a loose network.

Laf.

The first case reported was that of a patient aged 63 years who had had typhoid fever thirteen years previously and for some years had experienced a sensation of heaviness and discomfort in the right hypochondrium. During the past nine months there had been increasingly severe attacks of pain in the pit of the stomach. The attacks at first came on at

1 1/2 cm from the duodenum in a thickened constricted segment which would not admit a fine probe.

Lafourcade performed a lateral anastomosis of the dilated common duct with the second portion of the duodenum and closed the abdomen without

drainage. The patient completely recovered with

recently there had been hepatic attacks of great severity which occurred every five or six hours.

At the time the patient was examined by the

incision of the hepatic duct a large quantity of bile escaped.

means of sutures and covered the connecting rubber tube with the neighboring structures—the duodenum, pylorus and gastrophrenic omentum. The abdominal wound was closed around a drainage tube. The patient stood the operation well but

common bile duct early intervention is important.  
WALTER C. BURKET, M.D.

McWhorter, G. L. Cysts of the Pancreas. *Arch Surg* 1925, 81, 619.

Cysts of the pancreas may be divided into four main classes: (1) retention cysts, (2) cystic neo-

tween the ages of 20 and 40 years. In a number of cases they have been discovered immediately or soon after childbirth. Gall stones and gall bladder disease are frequently associated with cysts of the pancreas.

Pancreatic cysts vary in size and may be either single or multiple. In general the tail of the pancreas seems to be their most common location. The cyst contents vary from a milky to a brownish fluid. The cyst walls are usually fibrous and vary in thickness.

In the cases reviewed the duration of the symptoms ranged from a few months to many years. One of the most constant symptoms was pain which came

cause increasingly severe symptoms.

Drainage of the cyst has resulted in a high percentage of cures with a low mortality and in the majority of cases may be wisely chosen. Because of the danger of hemorrhage and injury to the ducts complete excision should be attempted only when the cyst is located in the tail of the pancreas or has a pedicle. Partial excision may be done in selected cases.

CYRIL J. GLASPEL, M.D.

## MISCELLANEOUS

Hedblom, C. A. Diaphragmatic Hernia. A Study of 378 Cases in Which Operation Was Performed. *J. Im. M. Ass.* 1925, LXXXV, 947.

This article is based on a study of 10 cases of diaphragmatic hernia treated at the Mayo Clinic.

wound or rupture of the diaphragm by sudden greatly increased pressure. In one sixth it was congenital and in one sixth acquired.

In a large percentage of the reported cases the

operation or autopsy.

The history of a penetrating wound of the lower thorax, a crush, a collision or a fall, or symptoms referable to either the abdomen or the thorax should suggest the possibility of diaphragmatic hernia in every case.

Proliferation cysts are those resulting from tumors or primary cystic degeneration of the pancreas.

Ischemic cysts are usually the result of hemorrhage, necrosis or degeneration. Often there is a history of trauma.

Parasitic cysts which are rare are generally due to the echinococcus.

Pancreatic cysts occur with equal frequency in males and females. They are most common be-



is least harmful when it is administered as a supplement to a local anæsthetic under which the operation is begun.

Operation is safer when the urine contains some sugar than when it contains no sugar but shows acetone and diacetic acid. It is therefore unwise

struction thoracotomy has had a somewhat lower mortality than laparotomy and successful closure has been effected much more frequently.

In more than 90 per cent of the cases reviewed there was no sac. The occurrence of operative

pleural cavity

laparotomy or thoracotomy usually involves the technical considerations and problems of surgical pneumothorax. H. HOYT C. & M. D.

Jones D. F., McKittrick L. S. and Root H. F.  
Abdominal Surgery in Diabetes. *J. Am. Med. Ass.*  
1915 lxxx 809

The authors strongly urge the co-operation of internist and surgeon in the treatment of surgical diabetes in order that the mortality may be decreased and unfavorable postoperative sequelæ may be prevented. In the induction of anæsthesia ether

ANTHONY F. SULLIVAN

# GYNECOLOGY

## UTERUS

Masson J C and Foucar H O The Use of Zinc Chloride in Gynecology *Am J Obst & Gynec* 1925 x 355

Zinc chloride was used in the Mayo Clinic in the treatment of thirty gynecological patients whose ages ranged from 30 to 67 years (average age 50 years). Twenty five (83 per cent) were more than 45 years old. Twenty six of the thirty patients complained of

to protect the vagina

The advantages of the procedure are that it is

scopic examination of the scrapings

Irulent hypertrophic atrophic and polypoid endometritis fibromyomata and cervical and uter

Clark J G and Block F B The Treatment of Uterine Fibromyomata *Am J Obst & Gynec* 1925 x 560

In the authors complicated cases of uterine fibromyomata subjected to operation the mortality is 3 per cent but in their operative series as a whole it ranges from 0.7 to 1.4 per cent. In their entire series of 422 cases treated by irradiation or operation it ranges from 0.47 to 0.7 per cent according to the method of calculation. The mortality and morbidity of fibroid tumors of the uterus are due usually to the complicating lesions.

E L CORNELL M D

471 hysterectomy and in 75 myomectomy. In 500 radium was used. The authors experience with the method lead them to believe that it has a very limited field it is probably not applicable to more than 2 per cent of uterine cases but in those in which it is especially indicated it usually gives satisfactory results.

The zinc chloride treatment is simple but should be undertaken with scrupulous care. There must be no excess of solution on the gauze because uterine contractions may squeeze a few drops of it through the tubes into the pelvic peritoneum or through the cervix into the vagina. If the gauze touches any part of the genitalia before it enters the uterus a burn will result.

The operation occupies a position intermediate

Stacy L J The Treatment of Carcinoma of the Body of the Uterus *Radiology* 1925 v 331

The author reviews a series of 269 cases of carcinoma of the body of the uterus in which hysterectomy was performed at the Mayo Clinic between January 1 1907 and January 1 1911 and also a

patients should be women passing through or past the menopause who are having abnormal bleeding or

Carcinoma of the body of the uterus is most common in the fifth decade and tends to remain localized in the uterine muscularis

After the menopause the first symptom of carcinoma is most frequently a bloody vaginal discharge while before the menopause it is intermenstrual bleeding Pain is rarely an early symptom

carried out a series of experiments

It was found that potassium iodide and sodium salicylates are rapidly absorbed from the vagina and appear in the urine an hour after their introduction

duration of the symptoms before operation and (4) the patient's resistance to malignancy a term used for the unknown factor of carcinoma

### MISCELLANEOUS

Kavacs F The Influence of the Male Sex Gland on the Female An Experimental Study to Determine the Sex Ratio of the Offspring  
*Am J Obst & Gynec* 1925 x 527

The ratio of male offspring of the albino rat can be increased by subcutaneous injections of testis tissue into the female rat eight days before mating The author obtained the greatest influence by transplanting the testis into the female rat before the mating Subcutaneous injections of testis tissue of the same species into the female rat causes a temporary sterility lasting for from three to eleven weeks

Steinach's theory of the antagonism of the gonads is incorrect A successful transplantation of testis into the adult female rat can be done without previous removal of the ovaries Such females can become pregnant give birth to young and raise

### EXTERNAL GENITALIA

Palmer A C Endometriomata of the Vulva and Perineum *Proc Roy Soc Med Lond* 1925 xviii Sect Obst & Gynec 83

All of the three endometriomata described were situated in the region of the vulva One was in the subcutis of the perineum one in the subcutis at the upper part of the left labium majus and one in the upper part of the right labium majus

In one case the tumor may have been the result of implantation but in the two others there had been no operation of any kind

In the second case the nodule had been causing symptoms for two years As no other abnormality was found in the genital canal and no previous

Scaglione S Sterilization by Testicular Transplants (Stilità da innesti di testicolo omologo)  
*Riv Ital di gine* 1925 ii 819

Following the transplantation of a large piece (size not stated) of rabbit testis into the backs of nineteen healthy female rabbits these animals remained sterile for from one hundred and fifteen to one hundred and sixty days while controls born under the same conditions conceived after from seventy six to one hundred and one days Four

### ROLAND S. CRON M.D.

Robinson G D: Absorption from the Human Vagina *J Obst & Gynec Brit Emp* 1925 xxxii 490

It has been suggested by clinical evidence that certain constituents of the semen are normally ab-

showed fatty necrosis and destruction but in a few cases there was some evidence of growth and vitality of the interstitial cells of the transplants In all of the experimental animals there was no change in

the histological picture of the ovaries and uterus despite the presence and active functioning of a transplant of the opposite sex gland

The author found also that the sera of the female rabbits with testicular transplants would fix spermatozoa in from ten to fourteen minutes in the cases of animals with only one transplant and in from three to ten minutes in the cases of those with three transplants. The controls fixed sperm in from nine to twenty minutes

SAMUEL J. FOGELSON, M.D.

Clark, J. G. The Poor Risk for Surgery of the Pelvic Organs. *J. Am. M. Ass.* 1925 lxxv 881

The author briefly discusses the relative merits of the various anæsthetics and points out the necessity for the greatest possible skill in their administration. Because the anæsthetist today occupies a premier position in the staff of surgical assistants the frequency and gravity of postoperative sequelæ so far as the patient's general condition is concerned are reduced to the minimum provided the patient has

pletion of an operation while the patient is in the Trendelenburg position and still under anæsthesia

So called heart failure is the last danger that the

properly estimated have ceased to cause anxiety. With the methods now available for the estimation

Carcinoma of the body of the uterus is most common in the fifth decade and tends to remain localized in the uterine muscularis

After the menopause the first symptom of carcinoma is most frequently a bloody vaginal discharge while before the menopause it is intermenstrual bleeding Pain is rarely an early symptom

Uterine fibromyoma apparently increases the incidence of carcinoma of the body of the uterus and may mask the symptoms of the carcinoma

When there are suggestive clinical signs of malignancy care must be taken not to place too much reliance on a negative report from the microscopic examination of tissue removed with the curette

Several factors evidently determine the prognosis following hysterectomy for carcinoma (1) the grade of malignancy (2) the age of the patient (3) the duration of the symptoms before operation and (4) the patient's resistance to malignancy a term used for the unknown factor of carcinoma

absorbed from the vagina and, circulating in the blood exert a physiological effect on the functions of the body in general So far as the author is aware however no definite experimental evidence has been adduced to show that the human vagina possesses the power of absorption To settle this question he carried out a series of experiments

## MISCELLANEOUS

Kavacs F The Influence of the Male Sex Gland on the Female An Experimental Study to Determine the Sex Ratio of the Offspring  
*Am J Obst & Gynec* 1925 x 517

The ratio of male offspring of the albino rat can be increased by subcutaneous injections of testis tissue into the female rat eight days before mating

## EXTERNAL GENITALIA

Palmer A C Endometriomata of the Vulva and Perineum *Proc Roy Soc Med Lond* 1925 xiv Sect Obst & Gynec 83

closely resemble an ovarian cyst " " had had an ectopic pregnancy the alteration in structure might have been due partly (1) pressure from haemorrhage into and around the gland tubes and partly to the resulting inflammatory reaction

ROLAND S CROOK M D

Robinson G D Absorption from the Human Vagina *J Obst & Gynec Brit Emp* 1925 xx ii 496

It has been suggested by clinical evidence that certain constituents of the semen are normally ab-

Scaglione S Sterilization by Testicular Transplants (Stenilità da innesti di testicolo omologo)  
*Riv Ital di ginec* 1925 iii 819

showed fatty necrosis and destruction in cases there was some evidence of growth and vitality of the interstitial cells of the transplants In all of the experimental animals there was no change in

condition he calls attention to the sensitiveness to pressure of the abdomen. Cullen's sign and other symptoms which are of aid in the diagnosis and emphasizes the diagnostic value of abdominal paracentesis.

VON WEINZIERL (G)

### LABOR AND ITS COMPLICATIONS

**Bretz M.** Rotation of the Uterus During Labor  
(Nach endrehung des Uterus in der Geburt) *Monatschrift f. Geburt u. Gynaek.* 1925 LXV 20

The case reported was that of a 21 year-old rachitic primipara with talipes equinus on the left side, a lumbar kyphosis and a narrow pelvic outlet. The head of the fetus was flexed to the right and the fundus was underneath the left costal arch. The occiput was firmly fixed on the right side above the pelvic brim and could not be brought into the pelvic inlet.

Seven hours after the beginning of labor pains the patient complained of sharp pains on both sides of the abdomen and became very restless. Nine hours

child weighing 3650 gm. was removed. After delivery of the child the

the author suggests that it may have been due to the pendulous condition of the abdomen resulting from the kyphosis.

SCHUBERT (G)

**De Lee J. B.** An Illustrated History of the Low or Cervical Cesarean Sections. *Am. J. Obst. & Gynec.* 1925 X 503

The history of the cervical cesarean section shows

operation of Ritgen (1811) Thomas (1870) and Davis (1924). Death the usual outcome was due to hemorrhage or peritonitis resulting from imperfect closure of the uterine wound. The lochia were almost always discharged through the abdominal aperture.

The first to make a purposeful scientifically thought-out attempt to circumvent these dangers was Oslander of Goettingen. Ritgen in 1821 following the same line of reasoning tried to reach the

low operations for abdominal removal of the child. One was similar to the Ritgen procedure. The other was the same in all respects except that the approach to the vagina was made through the peritoneal cavity. In 1894 Physick of Philadelphia recommended to Dewees a true extraperitoneal cesarean section.

In 1870 Thomas of New York revived Ritgen's

making the incision at the puncture of the cervix with the body of the uterus and transversely. He insisted on accurate suture. Not enough attention was paid to this advance in the technique. Stenger's improvement of the classical cesarean section in 1882

cases without a death. German obstetricians then began experimenting with the new procedure.

uterine segment. Hirst of Philadelphia worked out an identical operation independently.

The anatomical studies of Sellheim on the pelvic viscera in the nonpregnant and pregnant states served to clear up many questions regarding the possible methods of approaching the cervix by the abdominal route. Sellheim first tried to follow the

# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

McDonagh J E R The Changes the Blood Undergoes in Pregnancy and After *J Obst & Gynaec Brit Emp* 1925 **XXXII** 512

The toxæmias of pregnancy and the puerperium are due to the physical changes occurring in the protein particles of the plasma

The protein particles are subjected to dehydration When this process is simple some of the protein particles merely part with their absorbed constituents (electricity salts sugar amino nitrogen and fat) and go into true solution but when it is severe they increase in number to such an extent that gelation occurs or they increase in size agglutinate and become precipitated

In pregnancy gelation is the cause of hyperemesis gravidarum while in the puerperium it is responsible for venous thrombosis

Gelatohydration or precipitation is the cause of eclampsia in pregnancy and of various forms of cerebral disorientation in the puerperium

by hydration

Precipitated particles must be broken up when this is achieved they circulate again Gelatohydrated particles are best broken up by colloid iodine glucose sodium thiosulphate and oxygen

The mesenchymatous changes resulting from long continued dehydration are best overcome by organic preparations of sulphur such as thiol histamine contramine and insulin

to sustain a 3 lb weight for twelve hours contin

with the blades closed are passed out & " until the head is reached The blades are then separated and pressing on the scalp are closed

macerated

The puerperium was afebrile in five cases and slightly febrile in two In neither instance was the sepsis severe

Damage to the scalp varies with the duration of the traction When the traction is continued for

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Hempel E Ruptured Extra Uterine Pregnancy and its Treatment by Autogenous Blood Transfusion (Ueber die e platzierte Extrauterine gra idtaet und deren B handlung mit Eig blut fusionen) *B tr kl Ch* 1925 **XXXII** 367

be decreased

It was first necessary to obtain a satisfactory trac for forceps Willett concluded that when fixed in the scalp of a dead fetus the forceps should be able

condition he calls attention to the sensitiveness to pressure of the abdomen Cullen's sign and other symptoms which are of aid in the diagnosis and emphasizes the diagnostic value of abdominal paracentesis

The blood used for autogenous infusion must be free from infection and must not be too old As it is removed from the abdomen it should be treated with

clusion he reports the cases in which he has used the method and describes his technique

VOV WERNERL (G)

### LABOR AND ITS COMPLICATIONS

Bretz M Rotation of the Uterus During Labor  
(Achsendrehung des Uterus in der Geburt) *Monatschrift f Geburtsh u Gynæk* 1925 111: 20

The case reported was that of a 21 year-old

woman was not recorded until 1420 but was practiced long before Christ The Babylonian Jews in the Mishnejoth (140 B C) described two kinds of caesarean section the Kariyath Habeten which was similar to the classical operation and the Jotze Dofan or flank delivery which may have been the operation of Ritgen (1821) Thomas (180) and Davis (1924) Death the usual outcome was due to hæmorrhage or peritonitis resulting from imperfect closure of the uterine wound The lochia were almost always discharged through the abdominal aperture

The first to make a purposeful scientifically thought-out attempt to circumvent these dangers was Oslander of Goettingen Ritgen in 1811 fol-

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SCHUBERT (G)

De Lee J B An Illustrated History of the Low or Cervical Caesarean Sections *Am J Obst & Gyn* 1925 1: 503

ment in the surgical technique and anaesthesia

cases without a death German obstetricians then began experimenting with the new procedure

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experience of 11th ...

The use of phenol to produce an active immunity quickly for a short time was found very valuable  
CARL H. DAVIS MD

Asterisked T T ...

peritoneal cavity off with pads thus making the operation entirely intraperitoneal Frank Opitz  
H. A. ...

... 1925 ...

is carried on the work

The operation to which the author gave the name

the author used various non surgical measures but the temperature rose to 40 degrees C and over and the pulse rate to 130. He therefore performed a vaginal hysterectomy. Examination of the removed

lower segment as more serious than rupture of the body of the uterus F. L. CORNELL MD

#### PUERPERIUM AND ITS COMPLICATIONS

Dafoe W. A. An Account of an Epidemic of Puerperal Sepsis Due to Streptococcus Haemolyticus  
Edinb Jch M J 1925 n 5 xxx 133

The cases of infection reported occurred in the Burnside Maternity Department of the Toronto General Hospital during the latter part of January and February 1924. They were coincident with

Polak J. O. Further Studies in Puerperal Infections and Their Treatment Am J Ob Gynec 1925 x 371

The author states that the patient who recovers

It has been shown experimentally and clinically

There were eight fatal cases of puerperal sepsis due to streptococcus haemolyticus. With the excep

an increase in the leucocytosis which is not maintained for longer than twenty four hours. Blood transfusion on the other hand increases the blood cells, the alkalinity of the blood, the alkalinity of the tissue fluids and the reaction against bacteria and improves the function of the eliminative organs.

It was found that in this epidemic the best method

In the discussion of this report INGRAHAM stated that in some cases he believed he had obtained good results from the intravenous injection of chemicals but that more frequently he has been disappointed in their use.

SCHUMANN stated that the patient recovers by producing an immunity against the infecting bacteria with her cellular structures and body fluids. From the clinical standpoint mercurochrome is the most satisfactory agent for the sterilization of the blood that has come to his notice but is far from

positive blood infection ...

investigations carried on in the obstetrical department of the Johns Hopkins Hospital Baltimore with regard to the possible presence of a defensive mechanism in the base of the broad ligament capable of preventing puerperal infection. Thirty five specimens revealed the interesting fact that at the end of pregnancy there is a conspicuous appearance of macrophages along the course of the uterine vessels and in the connective tissue spaces in the outer layers of the cervix at the level of the internal os.

The principal feature to be noted at the end of

the parametrium produces to some extent a local immunity against infection during labor.

KOSMAK stated that the use of small amounts of blood for transfusion at frequent intervals is preferable to the use of larger quantities. When repeated transfusions are indicated it has seemed advisable to him to employ a new donor each time especially if a reaction occurred after the first transfusion.

F. L. CORNELL, M.D.

### NEWBORN

Hart, A. P. Familial Icterus Gravis of the Newborn and Its Treatment. *Canadian M. Ass. J.* 1925 xv 1008

The author believes that familial icterus gravis of the newborn infant is due to the action upon the liver of a toxin of unknown origin. In the case reported in this article the return of the jaundice fol-

macrophages. These findings seem to explain how

ROLAND S. CRON, M.D.

# GENITO-URINARY SURGERY

## ADRENAL KIDNEY AND URETER

In a review of the literature on renal tuberculosis

renal crisis

The majority of investigators agree that the intermittent attacks of pain are due to the passage of blood clots and tuberculous caseous material

the kidney substance

region (3) those with illa u by p o u u u u (4) those in which the condition is latent

In every case all methods of investigation should be used including cystoscopic examination functional tests and pyelography

JAMES V. RICE, M.D.

Barney J. D. and Jones S. G. The Frequency of Bilateral Renal Tuberculosis Boston M & S J 1925 cxiii 540

Patch F. S. Typhoid Infections of the Kidney J Urol 1925 xiv 199

In the author's opinion typhoid infection of the kidney is more common than is generally believed. Such infections are of hematogenous origin and usually bilateral. In many cases they cause only a mild and transient pyuria. The renal conditions

such abscesses

recovery. The author states that persons with acute or chronic typhoid infection of the urinary tract are typhoid carriers who are even more dangerous to the community than ordinary typhoid carriers or those who harbor the bacilli in the gall bladder. The treatment is that of other renal infections.

MAURICE MEYER, M.D.

Quinby W. C. End Results in Renal Infections J Urol 1925 xiv 223

The author discusses the end results of renal infection with special emphasis upon pre-operative and postoperative care. His study was based upon 100 cases which were treated surgically at the Peter Bent Brigham Hospital, Boston. These cases he classifies as follows:

ureteral reflux and filtration of the ureter

1 Infections ending in death In a case with a complex series of symptoms autopsy revealed an unrecognized pyelonephritis

2 Infections which were cured only by nephrectomy Quinby stresses the importance of chronic

of the body in the region of the umbilicus It does not cross any nerve trunks of importance and will not cause paralysis of the rectus or any considerable portion of the oblique muscles The vertical incision is made in the midline of the body and carried up

1 The incision is made with the attached intestine and mesentery keeps the rest of the intestinal tract out of the way and affords an entirely satisfactory view of the field

While the incision described is put forward as advantageous chiefly in the approach to malignant tumors Cabot believes it may give the most satisfactory approach also to abnormalities of the renal pelvis and ureters

LOUIS GROSS M D

Chute A L The Need of Conservatism in Renal Surgery *J Urol* 1925 xiv 231

Chute believes that a campaign for conservation in renal surgery is necessary The tendency toward radical renal surgery is due in large part to the

François J Roentgenography in the Early Diagnosis of Tumors of the Kidney (Le rôle de la radiographie dans le diagnostic précoce des tumeurs rénales) *Arch urol de la clin de Necker* 1925 v 63

not yet palpable and malformations of the pelvis which were of great assistance in the diagnosis In two of the cases the further course of the disease revealed the presence of the tumor One patient was not seen again

François gives the histories of the four other cases with roentgenograms In all of these the

GILBERT J THOMAS M D

Lepoutre C Permanent Dilatation of the Ureteral Orifices and Vesicorenal Reflux The Forced Ureter (De la dilatation permanente des orifices urétéraux et du reflux vésicorénal urétére forcé) *Arch de mal de reins et d'organes génito-urinaires* 1925 ii 146

The author reports a study of permanent dilatation of the ureteral orifices and vesicorenal reflux

Cabot H The Operative Approach for Malignant Tumors of the Kidney *J Urol* 1925 xiv 261

pathognomonic of bladder reflux as they may be

# GENITO-URINARY SURGERY

## ADRENAL KIDNEY, AND URETER

Disturbances of type a t t o g c a u  
tuberculous renal colic and Baum and Cruet in  
recognition of Tuffier's work called it Tuffier's  
renal crisis

JOHN G. CHESTNAN M.D.

Patch F. S. Typhoid Infections of the Kidney  
*J. Urol.* 1925 XIV 199

to renal pressure caused by circulatory stasis within  
the kidney substance

region (3) those with mixed infection and (4)

such abscesses

The author reports

JAMES A. KECCE M.D.

Barney J. D. and Jones S. G. The Frequency of  
Bilateral Renal Tuberculosis *Boston M. & S. J.*  
1925 cxliii 540

five of the cases reviewed—in all of which a  
dilatation was unilateral—operation was followed by  
recovery. The author states that persons with  
acute or chronic typhoid infection of the urinary  
tract are typhoid carriers who are even more da-  
gerous to the community than ordinary typhoid  
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cases which were treated surgically at the Peter  
Bent Brigham Hospital, Boston. These cases he  
classifies as follows:

Experience with fulguration seems to show that it

mucosa

In the discussion of this report HUNTER stated that since his 1918 report which was based on twenty five cases he has seen 10 others. Of the

made in sixty and in forty of these the bladder symptoms have been relieved by treatment of the stricture

neck

In conclusion MacKenzie emphasizes the importance of the recognition of blood in the urine examination of the prostate the age development and location of the growth freer and more open

LOUIS CROSS 117

Ferrier P. A. Some Problems in the Management of Tumors of the Urinary Bladder *California & West Med* 1925 xvi 1303

The etiology of bladder tumors is unknown. Such growths are most common in aniline workers. In exstrophic bladders the liability to cancer is increased. Chronic irritation from stone or infection does not seem to play a part.

Hematuria is the warning in nearly all cases. Painless terminal hematuria is particularly suggestive. Frequency and pain are generally late symptoms.

Benign papillomata and those in which malignant degeneration has not invaded the pedicle or the bladder wall should be fulgurated through the cystoscope.

The further treatment consists in (1) partial cautery resection with care to avoid the implanta

MacKenzie D. W. Bladder Neoplasms *J Urol* 1925 xiv 275

With regard to the pathology and treatment of

scirrhous or alveolar growths

In the author's cases of bladder neoplasms the history ranged from two weeks to thirty years. It is

est importance

MacGowan, Kolscher and Corbus have reported successful results from the open method with the use of the d'Arsonval current 1500 ma. a spark gap of 0.5 cm. and a large burning electrode. If one meatus is involved ureteral transplantation is necessary and if the kidney is affected nephrectomy is indicated. In addition radium needles may be im

produced also by renal tuberculosis, pyonephrosis

are no visible changes in the ureteral meatus

For the roentgen study of this condition the author advocates the use of 10 per cent collargol solution in preference to sodium bromide as the latter causes severe pain. Injection to the full ca-

tomy for renal tuberculosis

inflammatory elements such as newly formed capillaries with lymphocytes eosinophiles and connective fibrous tissue

In all cases a careful functional test of both kidneys should be made before operation

The article is concluded with a report of eight cases

JAMES V. RICE, M.D.

Schulz R. L. Stricture of the Ureter and Dysmenorrhea. *Cal. J. Obst. & Gynec.* 1925 32:1173

Stricture of the ureter is among the most common urological complaints. It may be the result of any condition which produces a chronic lymphadenitis of the pelvic lymph nodes. Common causes are chronic tonsillitis, infections of the teeth, chronic cervicitis.

J. V. S.

The most common symptom is intermittent pain of varying degrees of severity. Urinary symptoms such as bladder pain, frequency, burning, and dysuria are also frequent.

An examination for ureteral stricture should always be made before an operation is undertaken for suspension of the kidney and in all cases of dysmenorrhea which is not relieved by ordinary methods.

The presence of a ureteral stricture should be considered in cases of vague abdominal pain, cases of severe menstrual pain, and cases in which pain following ordinary ureteral catheterization becomes unduly severe.

LOUIS GROSS, M.D.

#### BLADDER URETHRA AND PENIS

Keene F. E. Elusive Ulcer of the Bladder. *Am. J. Obst. & Gynec.* 1925 2:380

The elusive ulcer of Hunner is a definite entity.

superficial ulcers

not definitely  
of  
this

the  
the  
be  
in

case of embolism while in the regional anæsthesia group there was only one case of uræmia and in eighty seven cases there were no complications

After the operation performed under general anæsthesia the average stay in the hospital was thirty three days while after operation performed under regional anæsthesia it was twenty two and seven tenths days In the general anæsthesia group the mortality was 14 per cent Of the patients operated upon under regional anæsthesia three died one from hæmorrhage one from infection and one from embolism

BENJAMIN F ROLLER M D

Syms P Prostatectomy Emphasizing the Present Day Factors of Safety *New York State J Med* 1925 xvi 889

Since prostatic obstruction is always associated with more or less advanced arteriosclerosis and impairment of kidney function there is no condition which requires better surgical judgment Proper

The technique used conforms in general to the

lower part of the rectum and sometimes the prostate The cord and testicles are unaffected In the female

mgm per 100 c cm General anæsthesia is contra

præneum and the perineal operation but he does not advocate a two stage operation for all cases The bowels should be kept open and large quantities of water should be administered

BENJAMIN F ROLLER M D

Dillon J R Tuberculosis of the Seminal Tract *California & West Med* 1925 xxiv 1139

In genital tuberculosis which is a progressive affection the only hope for complete arrest of the disease is offered by excision of the tuberculous seminal tract If the patient with unilateral epididymitis is seen early enough there may be hope of re

pain is not intolerable An advantage of the method is that it prevents postoperative distress

In six operations on the bladder there were three failures one due to collapse of the patient and the other to faulty injection of the novocain

Five difficult cystoscopies were performed under

# MISCELLANEOUS

Bilger F Epidural Anæsthesia in Surgery of the Urinary Tract (De l'anesthésie épidurale en chirurgie urinaire) *J du mèd et chir* 1925 xix 111

Bilger reviews the development of epidural anæsthesia and analyzes his recent experiences with the method on the service of Marion



planted into the cauterized base and subsequently X ray treatment may be given the regional lymph nodes

contra indicated The only hope of permanent cure is offered by enucleation in the very early stages

Radium alone may be used by endovesical or

and more damaging to the normal mucosa

In the use of radium the following facts must be borne in mind

never respond

3 Recurrences after radium treatment do not

favorably affected than scirrhous carcinoma squamous carcinoma or adenocarcinoma of the bladder

5 Radium rays like light decrease as the square of the distance increases Therefore a lethal dose at

been screened is effective at a greater distance

prostatectomy in about 75 per cent of the cases

was 4.4 per cent

H A FOWLER, M.D.

## GENITAL ORGANS

Stirling W C Early Surgical Intervention in Prostatic Hypertrophy *Virginia M Month* 1925 111, 362

The incidence of urinary disorders in men after the

Lowley O S and Rogers H E Inhalation vs Regional Anæsthesia for Prostatectomy *New York State J M* 1925 xxv 893

Most important for successful prostatectomy is

The authors' conclusion was that regional anesthesia was the best method. All of the

under regional anesthesia only three went into shock but one of these died

In the general anesthesia group there were two cases of uræmia four cases of pneumonia and one

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS ETC

Michaux J Lamache A and Picard J Con-  
traction of the Palmar Aponeurosis in Lead  
Poisoning (La rétraction de l'aponévrose palmaire  
dans le saturnisme) *Bull et mém Soc méd d hôp  
de Par* 1925 xli 782

The authors believe that Dupuytren's contracture  
is as much a stigma of lead poisoning as the classical  
signs. In questioning their thirty three patients

intoxication The degree of lead poisoning and of  
the Dupuytren's contracture seemed to run parallel  
of the  
reaction  
it time

time in metal—one in a munitions factory and the  
other in a factory making carbon lights—and one

the basis of these claims but one of them was a  
printer and the other a house painter and both of  
them had had lead colic

Four typical cases in the authors series are re-  
ported in detail

In the discussion of this report DUFOR attributed  
a great deal of importance to manual labor in the  
causation of the contracture

AUDREY G MORGAN MD

Steindler A Low Back Pain—An Anatomical and  
Clinical Study *J Iowa State M Soc* 1925 xv  
473

The author discusses only idiopathic backache  
and the mechanical and dynamic factors producing  
it. He assumes that the lumbosacral juncture the  
sacro iliac junctures and the ligamentous structures

formation

Sacro iliac strains involve the sacro iliac and  
capsular ligaments while sacrolumbar strains in-  
volve the ligaments entering the lumbosacral artic-  
ulation. The proximity of the lumbar and sym-  
pathetic plexus exposes both to irritation due to the  
position and motion of the spine or pathological  
changes

The author studied 213 cases of low back sprain  
and compared the findings with those of studies on  
the cadaver. The following conclusions are drawn

1 Flexion increases the strain and stress in the  
posterior sacro iliac ligaments the erector spine  
muscles and their aponeuroses

2 Extension increases strain at the sacrolumbar  
junction causing tension on the anterior longi-  
tudinal ligaments and the lateral ligaments between  
the ilia and the transverse processes of the fifth  
lumbar vertebra

3 In lateral bending the roots of the lumbo-  
sacral plexus are relaxed on the concave side and  
tensed on the convex side

4 Increased lordosis produces tension of the

bosacral and eight combined (2) occupational—  
seventeen sacro iliac nine lumbosacral and three  
combined (3) postural—eighteen sacro iliac and

pelvis was noted in 15 per cent impingement of the  
transverse process of the fifth lumbar vertebra with  
the sacrum in 12 per cent and sacralization in 5 per  
cent

Lateral tilting of the spine was characteristic of

precautions are taken. In the author's case of collapse the condition seemed to be due to a special idiosyncrasy of the patient.

**Noguès and Durupt. The Diagnosis of Latent Gonococcus Infection (Étude sur le diagnostic du gonococcisme latent). *J d urol méd et chir* 1925 xix 379**

As it is well known that latent gonococci cannot be discovered by microscopic examination alone various methods have been tried to determine when a patient with chronic urethritis is free from them. The authors describe their technique for examining the semen for gonococci. They find it preferable to

others may be strictly saprophytic and the is

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

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is as much a stigma of lead poisoning as the classical  
signs In questioning their thirty three patients

intoxication The degree of lead poisoning and of  
the Dupuytren's contracture seemed to run parallel  
In no case was glycosuria present In four of the  
patients who had marked neuritis the contraction  
was more marked on the side of the paralysis

It was difficult to determine at just what time

formation

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capsular ligaments while sacrolumbar strains in-  
volve the ligaments entering the lumbosacral artic-  
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the ilia and the transverse processes of the fifth  
lumbar vertebra

3 In lateral bending the roots of the lumbo-  
sacral plexus are relaxed on the concave side and  
tensed on the convex side

4 Increased lordosis produces tension of the  
sympathetic plexus and ganglia

Of the many anatomical variations of the lumbo

combined (3) postural—eighteen sacro iliac and

causation of the contracture

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Lateral tilting of the spine was characteristic of  
the sacro iliac strains and increased lordosis char

Sacro iliac and sacrolumbar sprains are distinct injuries to the ligamentous apparatus in these regions

Neither position nor radiation are pathognomonic of either sacro iliac or sacrolumbar strain but both are of definite diagnostic importance

Backs showing anatomical variations are in

Sacro iliac strain deformity of the sacrum and sacro iliac joint, sacro iliac arthritis six lumbar vertebrae

Rugh J T Rich E A Doub H P and Schumann E A A Symposium on the Diagnosis and Treatment of Backache *Therap Gaz* 1925 xlix 609

PUGH believes that anatomical abnormalities or

involve especially the intervertebral discs

areas

Bellando Randone T and Reviglio J M Osteochondritis of the Hip and Iliac Crest (*osteochondrite de la hanche et crête iliaque*) *Rev d'orth* 1925 xxxii 337

of 11 cases who had

defects

roentgenograms were taken at different stages of the condition

but the roentgenograms did not show the epiphyseal

because the coxa vara was bilateral and the pain occurred only on the right side moreover the clinical symptoms disappeared when the roentgenograms still showed a progressive increase in the lesions in the head and neck of the femur and crepitation was never noted Nor could it have been a chronic arthritis caused by the attack of scarlet fever for such an arthritis is polyarticular

In the many cases which have been reported in the literature there were no clinical symptoms in the first stage shown by the roentgenogram (characterized by decalcification) because the epiphysis remained

still appeared almost normal and the symptoms

while in the authors case they were found in the

Fisher A G T Principles of Treatment by Manipulation in Some Chronic Disorders of the Knee Joint Following Injury *Lancet* 1925 ccix 529

Many abnormal conditions in the knee joint respond to manipulation better than to absolute rest

## SURGERY OF THE BONES JOINTS MUSCLES TENDONS ETC

Petta G Muscle Plastics and Transplantations (Plastiche e trapianti muscolari) *Poliedin* Rome 1925 xxxii sez chir 303

Pedunculated muscle transplants are used to replace lost muscle substance and to maintain the function of a paralyzed or insufficient muscle Free muscle transplants are employed to replace lost bone substance to stop parenchymatous hæmorrhage from an internal organ to hasten the cicatrization of a wound to repair a serious loss of tissue in the abdominal wall and to maintain the function of a paralyzed or insufficient muscle

Pedunculated transplants have given good results in the treatment of postoperative evisceration and large recurrent herniæ and the replacement of tissue

leucocytes

If the blood supply and innervation were injured the degenerative substitution process was equally intense whether the transplant was free or pedunculated and whether it was subjected to functional stimulation or not The abolishment of function gives the same result even when the blood vessels

FREMONT A CHANDLER M D

was preserved but in no instance was regeneration of muscle tissue found

contact only at the ends. These grafts were not fastened in the cavity in any way except by suture of the skin over them and the application of a rather firm dressing.

After the operation the leg was kept in a plaster cast for about a month. Successive roentgenograms

Campbell W. C. The Reconstruction of Ankylosed Joints. *Med J & Rec* 1925 cxii 255

The author believes that the following patho

conditions—trauma and infectious arthritis. His

#### FRACTURES AND DISLOCATIONS

elbow the jaw the knee and the hip

The technique of the various arthroplasties is described in detail. Campbell does not attempt to

surfaces toward each other but coming in periosteal surfaces facing each other

performed on a Hawley table in order that the patient's position can be changed without touching him.

The first step of the operation consists in cutting from the tibia a Delagénère osteoperiosteal flap from

1 In longitudinal and comminuted fractures

4 In fractures near the ligamentum patellæ the

curves down the antero-external surface of the thigh between the tensor fascia femoris and the sartorius and then along the rectus femoris for a distance of about 12 cm. When this incision has been completed the muscles are pushed aside until the upper point of insertion of the capsule is exposed and then with a Hennequin scissors an arched incision concave downward is made around the acetabulum. The rim of the acetabulum is next

wound is then closed and a plaster cast is applied for a month. At the end of two months the patient is allowed to walk.

Under the weight of the head of the femur the thin bone grafts thicken and develop and in a few months they form a mass of bone that can be palpated and demonstrated by roentgen examination.

The author's oldest cases were operated upon more than a year ago. In the subluxations in which there was severe pain with considerable limitation of movement and almost complete ankylosis the pain has ceased and movement is freer because of the disappearance of the muscle contracture. In the luxations and relaxations which were reduced the reduction has been maintained; the stability of the joint is excellent. Trendelenburg's sign disappears; the patient is able to stand on the limb without

In the conservative treatment of fracture of the patella the knee must first be rid of the effusion. Effusion may be overcome by firm bandaging and pressure. A caliper splint should then be applied for two months and later a knee cage to prevent flexion.

In the operative treatment the author uses a fine loop of aluminum bronze wire which encircles the patella and passes through the quadriceps tendon and the ligamentum patellæ. Voluntary motion is allowed from the beginning. After two or three weeks the patient is allowed to walk with a cane and in two or three months has full movement of the joint.

In fractures of the tibial spine the knee is fixed with plaster for at least two months. Function is then resumed gradually. If the callus produces a bony block it must be removed through a mid-patella incision.

In Osgood-Schlatter disease the knee should be fixed in extension for several months.

Fractures of the upper third of the tibia and fibula are treated by manipulation and fixation in a Thomas splint.

In fractures of the lower third of the tibia and fibula the author manipulates the fragments with the knee flexed and then immobilizes the limb in plaster. In some cases sectional casts are used. Traction by means of a pin above the os calcis and internal fixation by Farham bands may be found necessary.

Lott's fractures are reduced by correction of the outward and posterior displacements. The foot is inverted and the knee flexed to relax the Achilles tendon.

for a  
elevation  
brace  
case  
osteotomy

iliac fossa. The author believes that this improvement would probably be greater if the insertions of the gluteus medius and minimus had been transplanted further down on the femur so as to place them under tension as has since been done in one case.

ALFRED G. MORGAN, M.D.

Wheeler, Sir W. I. DeC. Some Practical Considerations in the Conservative Treatment of Fractures of the Pelvis and Lower Extremity. Lecture IV. Fractures About the Knee Joint. *Lancet* 1925, CIV, 534.

In the treatment of fractures of the patella the following points must be borne in mind:

In fractures of the astragalus reduction is effected by manipulation with or without tenotomy of the Achilles tendon and a cast is applied. Weight bearing is avoided for two months. In fractures of the os calcis the action of the calf muscles must be counteracted by placing the foot in the position of inversion.

In conclusion the author expresses the belief that



contact only at the ends. These grafts were not fastened in the cavity in any way except by suture of the skin over them and the application of a rather firm dressing.

Campbell W C. The Reconstruction of Ankylosed Joints. *Med J & Rec* 1925 cxxii 255

The author believes that the following patho-

conditions—trauma and infectious arthritis. His conclusions are based upon 120 arthroplasties. The necessity of interposing tissue between the joint

#### FRACTURES AND DISLOCATIONS

Lan

Artic Sup-

The chief cause of the pain, fatigue and lumpiness in irreducible luxations of the hip is absence or deficiency of a bone support for the head of the femur.

therapy and the gradual resumption of weight bearing.

CHESTER C SCHNEIDER M D

Mat

Morroud reports two cases of cavities left in the upper end of the tibia by osteomyelitis. One patient was a young man 18 years old and the other a man

# SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## BLOOD VESSELS

Pulford D S. Neoplasms of the Blood Lymph Vascular System with Special Reference to Endotheliomata. *Ann Surg* 1925 lxxvii 710

A histological study of the neoplasms of the blood lymph vascular system of 200 patients treated at the Mayo Clinic in the sixteen years from 1906 to 1922 inclusive shows that 183 were angiosarcomata nine were angioendotheliomata and eight were endotheliomata. Two hundred of the best

embryology morphology situation of the tumor and reserve cell diagnosis

and  
cc  
en  
fibrous connective tissue as mesenchyme is their common ancestor. This relationship does not preclude the existence of a specific tumor of endothelium.

the blood produced by irradiation the author reports his own experiences in cases of cancer of the uterus most of which were treated with radium (about

1000 X-ray treatment (nearly 1 skin unit dose in seven fields in the course of from seven to fourteen days)

The cases of cancer of the uterus are divided into four groups (1) those with a good clinical prognosis and a satisfactory result (2) those with a good

the treatment. This increase was due to an increase in the number of the neutrophile polymuclear cells.

The leucocytosis lasted for one or two days and was then followed by a more or less marked leucopenia.

blood had recovered. In the cases with an unsatisfactory result the changes observed in the blood during relapse and cachexia were similar to those previously.

pro  
the  
the  
but  
was usually very intense and due to a decrease in the number of the neutrophile cells and lymphocytes. In the cases with a satisfactory result the blood recovered after from three to five months and in those with an unsatisfactory result it did not recover.

Just as a malignant tumor of the skin is recognized

blood vessels

## BLOOD TRANSFUSION

Westman A. Morphological Changes in the Blood Following Irradiation Treatment of Carcinoma of the Uterus and Breast. (Morphologische Blutveränderungen nach radiogischer Behandlung von Uterus und Mammakarzinom). *Acta radiol* 1925 i 220

After describing previous experiments on animals and clinical observations regarding the changes in

treatments is to be considered a very grave sign (2)

a sharp pain and slight local swelling. It makes

walking

In hallux valgus the great toe is lifted up to a certain extent by the extensors and in this slight displacement the short flexors in the tendons of which the sesamoids are located are stretched so that the sesamoids are held securely at the edge of the metatarsophalangeal joint. If the long flexor of

movement of the foot continues to be painful

form which improves the ability to walk. Pain may recur as the result of walking fatigue or another traumatism.

The only effective treatment is extirpation of the

# SURGICAL TECHNIQUE

## OPERATIVE SURGERY AND TECHNIQUE POSTOPERATIVE TREATMENT

Thalhimer W. Poor Surgical Risks. Laboratory Assistance in the Preparation of Patients for Operation and in Their Postoperative Care. *J Am M Ass* 1925 lxxxv 806

Thalhimer urges pre operative treatment of

Unless the patient has a severe aortic lesion other valve lesions are not attended by undue

The blood chemistry is of great

nausea and vomiting and is far less painful

dextrose in a 5 or 10 per cent solution may be given

use an acidosis the

best anesthetics are local anesthetics. Next in decreasing order of value are ethylene and oxygen nitrous oxide and ether. ANTHONY F SAVA M D

Bertocchi A. Grafts of Fixed Skin (Innesti di pelle fissata). *Arch ital di chir* 1925 xi 443

Bertocchi performed sixty five experiments in grafting skin fixed in formalin or alcohol. Eighteen of the grafts were autoplasic twenty three homo-

obtained with 60 to 70 per cent alcohol which was used in 80 per cent of the experiments.

The skin was removed from the abdomen or the inside of the thigh disinfected with alcohol washed with physiological salt solution to remove the blood and then placed in the alcohol for from twenty four to thirty three hours. The length of this immersion made no difference in the results.

the results

The grafts were examined macroscopically and microscopically after periods of from three to three hundred days. The histological findings at the

A distance of  $\frac{1}{2}$  cm were noted. At the end of two

all the tissue was reconstructed. It was impossible to say definitely whether the graft formed

from the new connective tissue. The peripheral part of the graft bore hair resembling the normal hair of the animal. Its central part became mummified and cast off. The zone immediately ad-

## LYMPH VESSELS AND GLANDS

Carter R F Cervical Adenitis—A Surgical Consideration *Arch Pediat* 1925 xlii 627

Whatever the type of infection or its extent in

ural barriers the lymph nodes. In the treatment restoration of the defensive reaction of the lymph nodes is indicated. Therefore the lymph nodes should not be removed unless they become a focus or a portal of entry from which other regional lymph systems may become infected.

Attention is directed to the importance of a knowledge of the surgical anatomy of the region and the avoidance of injury to major nerves and of incisions made without regard to the arrangement of the muscles and the natural creases of the skin.

Depressed scars are due as a rule to necrosis of the fat and fixation of the skin resulting from neg-

spread of an abscess to the superficial fat until it has become localized and makes drainage of the abscess a simple procedure.

The type of treatment depends entirely upon the classification of the condition. The reactions to infection or its products may be classified as follows:

1 Simple inflammation, acute and chronic. In acute simple inflammation resulting from infection of the skin or mucous membrane the treatment is directed toward the origin of the infection; the glands are not molested. In chronic inflammation the plan of treatment depends entirely upon the diagnosis. Removal of the focus is the primary step. Removal of the node is very seldom indicated. The X-ray is of value. Vaccinotherapy has a limited use.

2 Acute purulent inflammation. This condition

removed at the time of the original drainage.

When infected nodes are properly treated they do not present a very serious problem. The cosmetic result is an important consideration.

STURLEY C. LEO, M.D.

tion

The entire operative field is flooded with ultraviolet light continuously throughout the operation. The intensity of the light is regulated according to the estimated duration of the operation. Since there is as yet no exact method of measurement the radiation is controlled by the color reaction of the tissues which must be known for each tissue.

During the war Van Lier used the ultraviolet light technique without an accident in about 800 clinical cases including operations for appendicitis and hernia amputations through healthy tissue operations for infected fractures intestinal resection and the extraction of foreign bodies from muscle the

organs without a knowledge of the technique of ultraviolet irradiation and of the color changes produced in the tissues.

According to Van Lier the operative radiation is of value as a possible substitute for the usual measures employed to obtain asepsis as an additional

adjacent to the peripheral zone was whitish and covered with a rather thick epithelium. The zone extended was covered with epithelium. The skin follicles and the hairs in the peripheral zone were those of the graft or were reconstructed from the host's tissues.

In conclusion the author states that grafts of skin fixed in the manner described show that in cases of skin loss.

AUDREY G. MORGAN, M.D.

### ANTISEPTIC SURGERY: TREATMENT OF WOUNDS AND INFECTIONS

Regard G. L. The Protective Action of the Ultraviolet Rays Against Infection (L'action protectrice des rayons ultra violets contre l'infection). *Bull. et mém. Soc. nat. de ch.*

Var. 11. 1925. 11. 803.

REGARD states that the ultraviolet rays are bactericidal and may be used for the sterilization of cultures in the preparation of vaccines. They kill the tetanus bacillus and cholera vibrio in a few seconds. In man they cause skin burns.

According to Saidman the strength and the quantity of the rays are uncertain. An old lamp yields a smaller quantity of the rays than a new one.

After the use of different results, the author concludes that the rays may produce different results.

In REGARD's experiments radiated wounds in the skin of frogs healed in from twenty five to thirty days while unrayed wounds healed in from eight to ten weeks. Radiated skin wounds in rabbits and guinea pigs that were handled with dirty fingers and

Regard concludes that in the case of skin wounds, the use of ultraviolet rays is of great value.

For operative technique lamps of 5000 candle power or less are connected with a rheostat. The lamps are eliminated in order to permit accurate appreciation of the color changes in the tissues. The lamps give sufficient illumination for the operation.

The author concludes that the use of ultraviolet rays is a useful but not necessarily by sterile material.

amyloid disease and the cases of acutely ill and very young or old persons LLEWELLYN R LEWIS M D

Dixon W E The Action of Light *Brit M J* 1925  
" 499

Ultraviolet rays have a more rapid vibration and

olism

ner are relatively free from the muscular wasting commonly associated with tuberculosis of bones and joints

In artificial light treatment the part played by local treatment is of far greater importance The carbon arc may be employed with caution in the

violet rays

Heliotherapy is contra indicated in cases without pigmentation those with pyrexia cases of marked



# PHYSICO-CHEMICAL METHODS IN SURGERY

## ROENTGENOLOGY

Leddy E T and Weatherwax J L The Roentgen Treatment of Advanced Cancer *Radiology* 1925 v 27

The problems attending the roentgen treatment

findings that the early and persistent change after deep roentgen ray therapy is an alkalosis. This appears primarily in the irradiated tissues and is more marked there than in the plasma. It is not the result of increased tissue oxidation

## CHARLES H HEACOCK M D

Doub H P Bolliger A and Hartman F W Metabolic Disturbances Following Deep Roentgen Ray Therapy *J Am Med Ass* 1925 lxxv 1299

died in from four to six days

ADOLPH HARTUNG M D

## MISCELLANEOUS

Cecil R L and Hansson K G Physical Therapy in Chronic Arthritis Its Uses and Limitations *Med Clin N Am* 192 ix 277

changes produced by the roentgen ray and no work has been done to find how these metabolic changes are altered by the various agents which have been advocated

In a preliminary communication the authors suggested that at least the immediate systemic symp-

In the more acute forms of arthritis physical therapy relieves the pain reduces the congestion and hastens the absorption of the inflammatory exudate. In the chronic forms it acts as an anodyne increases the blood supply to the part accelerates the local and general metabolism loosens up adhesions and stimulates the muscles supplying the part. In degenerative arthritis it is of great value in softening the tissues preventing atrophy and loss of function and preventing or relieving contract

not result in a permanent cure it may give great temporary relief LLEWELLYN R LEWIS M D

Jones C E M The Clinical Aspect of Light *Brit Med J* 1925 ii 500

1 From the clinical aspect the two conditions in which light treatment has been found of greatest value are rickets and non-pulmonary tuberculosis

melanoma The presence of pigmented basal epithelium or of nevus cells in the episcleral tissue and their subsequent proliferation may be postulated The basal cells over a segment of the scleral conjunctiva undergo a series of transformations—pigmentation detachment polymorphism—which result in the formation of intra epithelial cell groups and the further stages are those of penetration of the polymorphic cells between the dissociated layers of the sclera and cornea

pigmented nevus the operation must include when possible a wide margin of uninvolved skin and a dissection of the deeper subcutaneous fat and deep fascia If operation is performed too late there may be a rapid local recurrence subcutaneous milium nodules may appear in the area of the lymphatic paths draining the site of the primary growth and there may be marked enlargement of the regional glands

Generalization from the glands may be relatively slow It takes place by the invasion of a vein by direct involvement of the thin walled capillaries and by way of the thoracic duct The average time of

granules or pigmented tumor cells through the glomeruli With few exceptions it indicates the presence of a melanoma

The extreme gravity of nevus situated at the heel at the costal margins and on the ear must be em

acts on melanogen the colorless mother substance of melanin Melanin is closely allied to adrenalin and both are probably pyrocatechol derivatives There may be two causes for increased pigmentation of the skin (1) an increase of the intracellular fer

SAMUEL KAHN M D

Schereschewsky J W Cancer Mortality in the Ten Original Registration States The Trend for the Period 1900 1920 *J Am M Ass* 1925 lxxxv 1175

After a study of the mortality rates of the ten original registration states (Connecticut Indiana Maine Massachusetts Michigan New Hampshire New Jersey New York Rhode Island and Vermont) for the period from 1900 to 1920 the author draws the following conclusions

1 There has been a pronounced increase in the observed death rate from cancer in persons 40 years of age or over in these districts

2 Part of this increase (30 per cent) is due to greater accuracy in the filling out of death returns

3 The increase is a d than t

46 At melanoma was present could a history of a birth mark be elicited though many of the patients stated that a mark had been present for many years

Malignant change may be spontaneous but usually follows a trauma or repeated irritation The pigmented nevus becomes slightly enlarged and ul

JOHN J MALONEY M D

## MISCELLANEOUS

### CLINICAL ENTITIES—GENERAL PHYSIOLOGICAL CONDITIONS

Dawson J W The Melanomata Their Morphology and Histogenesis *Edinburgh M J* 1925 xxxii 307

The term melanoma should be used to designate the specific character of the cell which gives origin to the tumor. Melanin pigment formation is a specific function of a cell. The term melan

naevi undergo regressive changes which lead to fibrosis

The melanoma is a tumor which is derived from the cells of the skin which are capable of producing melanin pigment. The melanoma is a tumor which is derived from the cells of the skin which are capable of producing melanin pigment.

essential epithelial morphological characters migrate into the corium where they retain their functional capacity to produce melanin

The malignant melanomata have an origin usually

### nevus

The phases of the epithelial cell transformation which lead to the different types of pigmented malignant tumor—melanocarcinoma sarcoma endothelioma perithelioma and fibrosarcoma—can be followed. In all of the cases studied the cell of the end result was shown to be derived from the progressive changes in an epithelial cell. These further

### tive activity

The entire absence of cell changes in the corium except those of an inflammatory kind until the

mamulated appearance may be seen in the

Discussion of some of the problems in the management of congenital cataracts V M Hicks South M J 1925 xviii 765

The safety limits of the Jullundur operation for the

Chronic otorrhoea with special reference to conservative treatment A J WAGERS Atlantic M J 1925 xxviii, 827 [96]

Papilloedema of otitic origin L E WHITE Arch  
Otolaryngol 1925 n 371 [96]

A report of three cases of primary acute mastoiditis  
S J KOPEZKY and R ALMOUR *Laryngo cope* 19 5  
XXX 774

Choked disks in association with surgical meningitis  
 disease without apparent intradural involvement H I  
 LILLIE and W I LILLIE Arch Otolaryngol 1925 11

355 Mastoid surgery C F WELTY California & West [96]

xxi 482

Subnormal visual acuity A C SNELL J Am M Ass  
1925 LXXV 1367

## Ear

Some notes on standardizing the fork tests D MACFARLANE J Ophth Otol & Laryngol 1925 xxix 370

The clinical significance and diagnostic value of tuning fork tests for hearing A B DUEL *Laryngo scope* 1925 **LXXV** 718

Functional tests of hearing I H JONES and V O  
 KNUDSEN California & West Med 1925 vii 1166  
 [1951]

Means and methods of testing in aural disease R  
LAKE Arch. Otolaryngol 1925 ii 340 [96]

Laryngoscope 102:4 444-451

Abcess of the gasserian ganglion complicating mastoidectomy for acute suppurative mastoiditis death autopsy C SMITH Ann Otol Rhinol & Laryngol 192 XXXIV 038 [97]

### Nose and Sinuses

An adjustable splint for fractures of the nose S  
SALINGER Illinois M J 1925 xlviii 304 [97]

A congenital defect of the left ala of the nose F REDER  
Surg Clin N Am 1925 v 1313

Rhinoplasty in the adult with transplantation of costal cartilage D. TANTURRI *Rassegna internaz di clin e terap* 1025 VI 511

Rhinophyma M G SEELIG Surg Clin N Am 1925  
v 1381

Rhinitis J DALEY Med J & Rec 1925 cxviii 383  
Implants with a cannula in the treatment of atrophic

rhinitis C C MILLER Med J & Rec 1925 cxxii  
381

1025 11 321

Unilateral nasal polyposis due to specific ethmoiditis in a newborn child H BIST Rev So argent de otorinolaringol 1925:1:45

An unusual case of amyloid tumor of the nose M O  
DE REZENDE Ann Paulistas de med e cirurg 1925  
xvi 30

A new instrument the sinuscope M MALTZ Laryn  
goscope 1025 XXXV 805

Sinusitis—diagnosis and treatment G B TRIBLE  
Virginia M Month 1925 lu 481

1

A new method of treating chronic inflammation of the

nasal sinuses without operation A G DAMPIER BENNETT  
Practitioner 1925 cvv 285

A technique for ethmoidectomy J. R. HUME New Orleans M & S J 1925 LXXVIII, 22

UWA State At Doc. 1075 IV 640

Discussion on artificial aids to hearing J B LOVE  
J F O'MALLEY W M MOLLISON H TILLEY and others

**I**      **b**      **c**

Casts of labyrinths A. H. CHEATLE and V. E. NEGUS

Proc Roy Soc Med Lond 1925 xviii Sect Otol 41  
Spontaneous nystagmus B F GLOWACKI Arch Oto

Experimental labyrinthitis R. PODESTÁ Semanár méd  
1925 7551-101

Oalgia C N HOWARD J Indiana State M Ass

The silent complications of otitis H ABOULKER  
Presse méd Par 1925 XXXIII 1059

Acute and chronic suppurative otitis media including acute infection of the blood stream S. I. LOPEZKY

Arch Otolaryng 1975 11:379

# BIBLIOGRAPHY of CURRENT LITERATURE

NOTE.—THE BOLD FACE FIGURES IN BRACKETS AT THE RIGHT OF A REFERENCE INDICATE THE PAGE OF THE ISSUE ON WHICH AN ABSTRACT OF THE ARTICLE REFERRED TO MAY BE FOUND

## SURGERY OF THE HEAD AND NECK

### Head

Fracture of the skull W I HEEVE J Am Inst  
d recovery  
the skull  
COLLIER

Eye disturbances from nasal sinus infection. J R  
HOVISS Hahneman. Month 19 5 11 610  
Primary tularaemia of the eye M C PROCTOR J Am  
M Ass 192 lxxxv 1061  
Intermittent protrusion of the right eye S J SEIX

kopli 1925 cxii 272

Two cases of primary jugular bulb thrombosis not  
in infants W GROSSO Laryngoscope 1925 lxxxv  
800

Par 1 1 xxxiii 1153

A case of congenital salivary fistula associated with

xviii Sect Otol 43

160

Giant cell tumor of the jaw E FISCHER Surg. Clin

AMM 3

Angioma of the submaxillary gland MAGNAC Bull et  
mém Soc anat de Par 1925 xcvi 9

### Eye

11 Eye  
xxx 10

Head pains of ocular origin R. O CONYER California  
& West Med 1925 xxiii 1132 [91] lxxxv 1213

Hydrophthalmos H D LAMB Am J Ophth 1925  
3 8 viii 784

The optic canal in optic atrophy L E WERT Boston  
M & S J 1925 cxviii 777

The arrest of laetic optic atrophy by the external in-  
jection of mercury N VINER and S O McMURRY

Canadian M Ass J 1925 xv 910 [91]

Simple glaucoma J A WHITE Virginia M. Month  
1925 li 405

Observations on the hydrogen ion concentration in the  
vitreous body of the eye with reference to glaucoma

A GALA Brit J Ophth. 1925 ix 516

The pathogenesis and the choice of operation in different  
types of glaucoma W ZENTMAYER V. M. Month

1925 li 407

A case of epibulbar sarcoma G VENER. P. Roy Soc  
Med Lond 1925 xviii Sect Ophth. 46

Two cases of cavernous angioma of the eyelid and a case  
of lymphangioma of the bulbar conjunctiva V RAY

Ohio State M J 1925 xxi 720

Epithelioma of the lachrymal sac R A FENTON

J Am M Ass 1925 lxxxv 1128

The development of the human iris I C LOWN Brit

J Ophth 1925 ix 405 [95]

Helmholtz's theory of accommodation H HARTROGE

Brit J Ophth 1925 ix 521

The function of convergence R VALERO Rev méd

de Sevilla 1925 xli 2

Ocular muscle balance following prolonged monocular

occlusion C S O BATES J Am M Ass 1925 lxxxv  
1205

— cured by  
0220

S gls

G

, the

1925

- Press 19 5 cxiix 318  
 Gynec in goster operations particularly Basedow operations F MERKE *Zentralbl f Chir* 1925 li 924  
 The surgical treatment for hyperthyroidism R L PAYNE *Virginia M Month* 1925 li 411  
 Unusual complications after strumectomy E JUST some of the Virginia M
- Primary tuberculous of the thyroid L H SCHRIEVER *Cincinnati J M* 1925 vi 409  
 Carcinoma in an aberrant thyroid A P C ASH HURST and C Y WHITE *J Am M Ass* 1925 lxxv 1219  
 A parathyroid hormone and its physiological action J B COLLIP *Ann Clin Med* 1925 iv 219  
 Fracture of the larynx R HILL *Surg Clin N Am* 1925 v 1321  
 Tracheotomy in tuberculous larynxitis T R ROOGER *J Laryngol & Otol* 1925 v 639  
 Laryngeal tuberculous C C JONES *J Iowa State M Soc* 1925 xv 529  
 Considerations upon 165 cases of tracheotomy in cancer of the larynx J LEROY DIAZ *Rev Soc med interna* 1925 vi 322  
 A case of complete bilateral hyoid A HARBURGER *Bull et mém Soc anat de Par* 1925 xvi 164

## SURGERY OF THE NERVOUS SYSTEM

## Brain and Its Coverings Cranial Nerves

- Cameron Lectures I The third circulation and its channels H CLISHING *Lancet* 1925 cxix 851  
 The blood glucose curve in head injuries L C DAVIDSON and C I ALLEN *Bull Johns Hopkins Ho p Balt* 1925 xxxii 217 [100]  
 Seventy two trephinations for war wounds treated by primary suture in 1914 and 1915 results after nine and ten years M BÉRAUD *Rev de chir Par* 1925 xlv 523 [100]  
 The operative treatment of op n injuries of the ventricles E BAUMANN *Schweiz med Wchn br* 1925 lv 478  
 The present status of vestibular tests in intracranial conditions L FISHER *Laryng scope* 19 5 xxv 65 [101]  
 Similarities and differences of tabetic and cerebellar ataxias L BARR *Irish med J* 19 5 xxxii 1105  
 A trephination performed thirty two years ago for cerebral syphilis and Jacksonian epilepsy a definitively good result after a painful and uncertain postoperative course LE DENTU *Bull et mém Soc nat de chir* 1925 li 784  
 A case of cerebral cryptocerc M ALLERHALDE and M J BERGER *Rev Soc argent de neur l v psychiatria* 19 3 165  
 Brain abscess sinus thrombosis and meningitis complicating acute mastoiditis clinical study of two cases J M POLIBAR *Laryngosc* 1925 xxv 782  
 The localization of brain tumor by entriculography J W PIERSON *J Canc* 1925 ii 2 *Brit J Radiol* 1925 xxx 354  
 A cerebral tumor displacing the optic tracts chiasmata and nerves R I REY *Proc Roy Soc Med Lond* 19 5 xviii Sect Ophth 43  
 Glioma of the head of caudal nucleus I HILLEMANN and M LÉVY *Bull et mém Soc anat de Par* 1925 xcv 383  
 Tuberculoma of the pons BROWN *N Zealand M J* 1925 xxi 240  
 Tuberculom Bull et mém  
 Contribution deep-seated to with concealed c lxxxii 513
- Cameron Lectures II The pituitary gland as now known H CLISHING *Lancet* 1925 cxix 899  
 The pituitary gland C GRANT  
 J Endocrinology 1925 ix 397  
 A consideration of the hypophyseal adenomata N M DOTT and P BAILEY (Refatory note by H CLISHING) *Brit J Surg* 19 5 xiv 314  
 Obitus media as a cause of the fulminating form of otogenous meningitis P J MARTINO *An Fac de med Univ de Montevideo* 1925 x 508  
 Trypsin in the treatment of postoperative suppurative meningitis C L I TRUBER *Arch f Ohren Nasen u l rhinol* 1925 cxv 151  
 The surgical aspect of the nasal ganglion S L PUSKIN *N York State J M* 1925 xvi 99  
 Neuralgia of the trigeminal nerve J M O'BARRIO *Rev Soc argent de neur l v psiquiatria* 1925 i 59
- 3 [102]  
 Spinal Cord and Its Coverings  
 A traumatic lesion of the cauda equina laminectomy recovery E I CARLING and H CARILL *Lancet* 19 cxix 917  
 The determination of local compression as an indication for laminectomy in acute injury of the spinal cord C C COLPMA *J Am M*
- Pre anemic combined degeneration of the cord W EVAN *Med J Australia* 19 5 ii 508  
 A manometric study of the cerebrospinal fluid in suspected spinal cord tumors B STOOKEY II R MERWARTH and A M FRANTZ *Surg Gynec & Obst* 1925 xli 49

An osteoma of the frontal sinus extending into the orbit and anterior cerebral fossa. H M GOODYEAR Laryngoscope 1925 xxxv 751

An extensive septic process originating in the tonsil tonsil F M ADAMS Rhode Island M J 1925 viii 161  
Sublingual tonsillar abscess bilateral quinsy M F BUTLER Laryngoscope 1925 734

## Mouth

J &amp; Rec

ABN Ken

LACENBACH

ark B B

Canadian

M Ass J 1925 xv 1046

Congenital absence of the tongue H G WATKIN  
Internat J Orthodont Oral Surg & Radiography 1925 xi 941

362

## Neck

Branchial cysts I N CROW J Iowa State M Soc 1925 xv 524

Experiences with lateral branchial cysts and fistula R REINECKE Arch f klin Chir 1925 cxxvii 99

Basal metabolic determinations in 250 Winnipeg school children A T CAMEROV Canadian M Ass J 1925 xv 1022

A goiter clinic with demonstration of cases. G SCHWY

AMM 1149

Cancer of the tongue vascular ligation. R FRIO  
CHIRTO Semana med 1925 xxxii 233

The influence of infant suckling methods on the development of the maxilla and the production of adenoid characteristics. S DREYFUS Internat J Orthodont Oral Surg & Radiography 1925 xi 902

Deciduous teeth as factors in normal development M DEWEY Internat J Orthodont Oral Surg & Radiography 1925 xi 898

The prevalence of supernumerary and supplemental teeth among the natives of India a note on models showing supernumerary teeth C F BIRCHOCK and J H BIRCHOCK Proc Roy Soc Med Lond 1925 xviii Sect Otol 39

Orthodontic treatment J GRUENBERG and A OPPEV  
Ztschr f Zahnheilk 1925 i 233

Oral surgical prosthesis A B VASTINE Atlantic M J 1925 xxxv 18

The advantage of rigid films of various sizes in radio graphing the mouth J A BLUX Radiology 1925 v 346

The dental X ray picture W A LURIE New Orleans

PETER

years

nia M

REINER

Ztschr f Stomatol 1925 xxiii 646

Oral surgery and its relation to medicine and medical specialties T BLUM Internat J Orthodont Oral Surg & Radiography 1925 xi 951

The development of local anaesthesia in dental surgery G BLUM Deutsche Monatsschr f Zahnheilk 1925 xlii 262

Trunk anaesthesia of the maxillary nerve ADRIOV and HOENIG Deutsche Monatsschr f Zahnheilk 1925 xlii 269

A new outfit for local and regional anaesthesia in dental and oral surgery G LARAT Internat J Orthodont Oral Surg & Radiography 1925 xi 959

## Pharynx

Evolutionary factors in the production of pharyngeal diverticula V E HEDGS Brit M J 1925 ii 699

plasia R L THOMPSON LANA 11 1

39

Goiter L A CROWELL South M & S, 1925 lxxvii 592

The goiter problem. T H LAHEY Canadian J. Ass. J 1925 xv 526

The prevention of goiter E P SLOAN Illinois M J 1925 xlviii 290

The prevention of simple goiter J C HATHAWAY Med Press 1925 cxxxi 347

The prevalence of goiter in Illinois. J H BEARD Illinois M J 1925 xlviii 306

A classification of goiters on a pathological and clinical basis A E HERTZLER Am. J Surg 1925 cxxix 211

Inevitable damage consequent upon goiter F A. COLER. Boston M & S J 1925 cxxix 545

Struma and vagotomy V WATSON Arch f klin. Chir 1925 cxxvii 763

A pharyngo-oesophageal diverticulum caused by a retrosternal goiter E BOUVIER Arch f klin. Chir 1925 cxxvii 803

An intralaryngeal tracheo truma BUDSCHUH Arch f klin Chir 1925 cxxvii 106

Economical and yet adequate treatment and prevention of goiter A SCHWENKBECHER Klin. Wchnschr 1925 iv 1006

Iodine treatment of goiter E BIRCHER Klin Wchnschr 1925 iv 74

Iodine treatment of goiter B BREITNER and V ORATOR Arch f klin Chir 1925 cxxvii 143

The use of iodine in goiter J H LAHEY Boston M & S J 1925 cxxix 487 Med Press 1925 cxx 29

The diagnosis in toxic thyroid disease R C WHITE HEAD Virginia M Month 1925 ii 419

- Cancer of the breast—deep X ray treatment W  
FINGER J Cancer 1925 u t  
The results of operative treatment of malignant disease  
of the breast H P W WHITE Practitioner 1925 cxv  
255  
A case illustrating the value of radium in recurrent car-  
cinoma of the breast W NEILL JR Radiology 1925 v  
343  
Recurrent carcinoma of the breast H SWANBERG J  
Am M Ass 1925 lxxxv 1050

### Trachea Lungs and Pleura

- Dental prosthesis penetrating the trachea extraction by means of the tracheoscope recovery B AGAZZI Arch Ital di chir 1925 xi 511
- Rupture of the trachea J W NIXON J Am M Ass 1925 lxxv 121
- Primary carcinoma of the trachea K S DAVIS Ra hology 1925 v 342
- Sarcoma of the trachea the condition ten years after operation F FLIOTT JR Ann Surg 1925 lxxvii 667
- Problems in physical diagnosis T McCRAE Brit M J 1925 ii 693
- The diagnosis of lung conditions T M ALLISON Brit M J 1925 ii 796
- Bronchoscopy for disease C JACKSON Brit M J 1925 ii 699
- Endoscopy its use as an aid to general diagnosis in - Arch
- 1925 xv 512
- Discussion on overlooked cases of foreign body in the air and food passage symptomatology and diagnosis C JACKSON Brit M J 1925 ii 696
- Pulmonary atelectasis with especial reference to massive collapse of the lung E D CHURCHILL Arch Surg 1925 xi 489
- Increased permeability of the vessel walls as a frequent cause of pulmonary hemorrhage I M POTTINGER Med R

- Thoracoplasty in advanced pulmonary tuberculosis W  
WHITEMORE Boston M & S J 1925 cxiii 542 [105]

- 1925 LXX 447

- Pathological and physiological vic points in the treat  
- - - - - AP Muenchen

## Heart and Pericardium

- 322 Roentgen ray treatment in bronchial asthma and chronic  
bronchitis I GERBER J Am M Ass 1915 lxxxv  
1026  
Hydatid of the lung F D BIRD Med J Australia  
1915 ii 505

- Rupture of the septum ventriculorum C F MARTIN  
and T R WALSH Ann Clin Med 1925 iv 183  
Sarcoma of the heart in a guinea pig L BENDER J  
to sur  
Arch  
empt to  
ed arti  
1925 exc  
The effect of plastic operations on the pericardium upon  
artificially produced diseases of the heart in animals  
FRIE 49 Tag d deutsch Ges f Chir Berlin 1925 [106]  
Cardiolysis for chronic mediastinopericarditis I A  
GRAHAM Surg Clin N Am 1925 v 1396  
Conervative treatment of suppurative pericarditis I  
STEINITZ Therap d Gegenw 1925 ix 253



A case of intra spinal extradural tumor with destruction of the fifth lumbar root IALDINO *Chir d organi di movimento* 1925 ix 391

Softening of the spinal cord by a lymphogranuloma in the extradural space lymphogranuloma of the uterus as an accessory finding K M WALTHER *Ztschr f d ges Neurol u Psychiat* 1925 xcvi 1

### Peripheral Nerves

The ganglia of the nerve trunk A ZWETOWA *Chren-*

nerve supply of muscles J L STEWART *J Bone & Joint Surg* 1925 vii 948

Notes on the surgical treatment of brachial birth palsy J GILMOUR *Lancet* 1925 cxix 696

A method of access to the posterior branches of the radial nerve A GUTIERREZ *Rev de chirug* Buenos Aires 1925 i 161

### Sympathetic Nerves

de Par 1925 xcix 158

The relation of the sympathetic innervation to the tone of skeletal muscle J I HUNTER *Am J M S* 1925 cxix 460

1925 ii 1000

The surgical treatment of angina pectoris M G

### Miscellaneous

xxvii sez prat 1180

Plongation of the sciatic nerve in the transplantation of a pedunculated osseous transplant in congenital pseud arthrosis of the leg MARAGLIANO *Chir d organi di movimento* 1925 ix 485

The course of the sensory nerve fibers in the extremities A DUMPERT and K FLICK *Deutsche Ztschr f Chir* 1925 cxc 329

## SURGERY OF THE CHEST

### Chest Wall and Breast

Anatomy of the blood vessels of the costal cartilages C HILASCHEN *Schweiz med Wehnschr* 1925 li 491

*Wehnschr* 1925 lxxi 1336

A clinical and anatomopathological study of a case of chronic painful mastitis A L TORCHIANA *Folichin* 1925 li 410

*Surg* 79

Bilateral mammary cancers C McWILLIAM G WOOLSEY J WIENER and H LILIENTHAL *Ann Surg* 1925 lxxvii 652

Simultaneous carcinoma of both breast J M HINTEROT and W B CLEY *Ann Surg* 1925 lxxvii 661

The occurrence etiology and pathogenesis of intra peritoneal adhesions D H BESSESEV Am J Surg 1925 xxxix 244

W 13

I A

# Gastro Intestinal Tract

xiv 310

Pneumoperitoneum as a method of studying the gastro intestinal tract H MEYER Fortschr d d Geb d 1925 lxxv 813

k search 1925 1 77

Reducing the surgical risk in some gastro intestinal conditions T G ORR and R L HADEN J Am M Ass 1925 lxxv 813 [108]

357 Volvulus of the stomach F GILL Irish J M Sc 1925 5 5 xlv 418

Lab &amp; Clin Med 1925 xi 14

The gastric excretion of neutral red P B DAVIDSON E WILLCOX and C D HAAGENSE J Am M Ass 1925 lxxv 794 [108]

The excretion of neutral red into the human stomach A WINKELSTEIN and J M MARCUS J Am M Ass 1925 lxxv 1307

The clinical application of gastric analysis R S POLES Therap Gaz 1925 xli 703

Gastric analysis J W LARMORE J Lab & Clin Med 1925 xi 1

Fractional extraction of the stomach contents by means of a semirigid sound F ALZAS Pol clin Rome 1925 xxiii sez prat 831

Occurrence of multiple cysticercosis in the gastric serosa L P MARIANTSCHIK Zentralbl f Chir 1925 li 1234

The clinical consequences of gastritis I RAMOND

The diagnosis of peptic ulcer R D CARMAN J Am M Ass 1925 lxxv 1381

The early diagnosis and prompt treatment of peptic ulcer J A LICHSTEY Clifton M Bull Clifton Springs N York 1925 xi 114

A consideration of gastric and duodenal ulcer C H MAYO Proc Roy Soc Med, Lond 1925 xviii Sect Surg 73

The production of gastric ulcer by a local allergy A C IVY and P F SHAFIRO J Am M Ass 1925 lxxv 1131

Production and healing of peptic ulcer: an experimental study F C MANLY Minnesota Med 1925 viii 638

Deformity of the capillaries in gastric ulcer J M MADINAVEITIA Arch de med cirug y especial 1925 xx 58

Gastric and duodenal ulcer: diagnosis treatment and indications for surgery F B MOWBRAY Canadian M Ass J 1925 xv 1042

Gastrojejunal ulcer A J WALTON Lancet 1925 ccix 800

Perforated ulcer J S HOLBROOK Minnesota Med 1925 viii 640

Perforated ulcer of the stomach and duodenum S CUENET Rev méd de la Suisse Rom 1925 xlv 672

Perforation of gastric and duodenal ulcer O J SEIBERT Cincinnati J M 1925 vi 380

The treatment of gastric ulcer perforating into the free abdominal cavity and the results of this treatment W F SCHERMOYER Deutsche Ztschr f Chir 1925 cxc, 290

Five cases of operations of urgency for perforated ulcer of the stomach F PAPIN and J DARAIGNELZ J de méd de Bordeaux 1925 cli 455

Acute perforated pyloric ulcer: condition twenty-one years after operation E ELIOT Ann Surg 1925 lxxv 663 [109]

Late results of gastroduodenal ulcers perforating during the free period A CHAUVENET J de méd de Bordeaux 1925 cli 462

Recurring peptic ulcer FROCCHETTO SACCO DEL

I

J 1925 lxxv Hosp Rep Lond 1925 lxxv 428

Cancerous degeneration of gastric ulcer H G MOGENA and S G ORCOVEN Arch de med cirug y especial 1925 xix 490

Cancerous degeneration of gastric ulcer L URRUTIA Arch de med cirug y especial 1925 xix 529

Vaccine in the treatment of pain and infection of gastric ulcer R ACOSTA Semana med 1925 xxxii 1218

Remarks on preenteral stimulating therapy upon gastric and duodenal ulcer F PEYZOLDT Fortschr d Therap 1925 i 229

The radiotherapeutic treatment of gastric

tric

lre

7

ent

sez

Death from cysts of the pericardium simulating pulmonary embolism H NOSSEY Deutsche med Wchnschr 1925 li 1150

The effect of thymectomy on the organism as a whole and upon the glands of internal secretion KERNIG J

### Esophagus and Mediastinum

Diverticula of the esophagus particularly those associated with congenital narrowness of the esophagus OEHLECKER Arch f kl Ch

Calatrinal and neoplastic stenosis of the esophagus the esophagus Carcinoma its site 496

The normal weight of the human thymus A B BRATTON J Path & B

A case of primary carcinoma of the thymus G CORTESE Policlin Rome 1925 xxxi sez med 417

### Miscellaneous

A case of stenosis of the thoracic organs W FLECK Deutsche Ztschr f Chir 1925 cxci 145

Abdominal pain in disease of the thoracic organs F J KADNER Muenchen med Wchnschr 1925 lxxv 897  
Roentgen findings in the uncommon causes of hemoptysis D S BEILIN Am J Roent anal 1925 xiv 304

## SURGERY OF THE ABDOMEN

### Abdominal Wall and Peritoneum

Physical and anatomical studies of the abdominal wall with particular reference to the muscular tissue in the female H KUESTNER Arch f Gynaek 1925 cxviii 420

A constitutional basis of obstinate constipation and pain in both lower quadrants in women R T VON JASCHKE Ztschr f Konstitutionsl 1925 xi 378  
A tumor of the abdominal wall F REDER Surg Clin N Am 1925 v 1281

A case of endometrioma of the umbilicus H R ANDREWS J Obst & Gynec Brit Emp 1925 xxxii 545

Muscular hernia 393  
Crural myoplasty F QUESADA Crón méd Lima 1925 xlii 193

The treatment of large inguinal herniae by a plastic operation on the hernial sac A. LIESCHIED Deutsche Ztschr f Chir 1925 cxci 307

Intussusception and volvulus of the jejunum B DRACOV Zentralbl f Chir 1925 li 1254

Pneumoperitoneum J M MADINAVEITIA. Prog de la clin Madrid 1925 xxxii 162

Pneumoperitoneum in the treatment of exudative tuberculous peritonitis D MAESTRINI Riforma med. 1925 xli 827

Traumatic peritonitis C S SMITH Hahneman Month 1925 lx 594

Maydl's hernia G BELL. Med J Australia 1925 ii 258

Contributions to the surgery of abdominal hernia W VAN HOOK Boston M & S J 1925 cxviii 74

The occurrence etiology and pathogenesis of intra peritoneal adhesions D H BESSGEV Am J Surg

The clinical consequences of gastritis F RAMOND

WIS

I A

### Gastro Intestinal Tract

310

Pneumoperitoneum as a method of studying the gastro intestinal tract H MEYER Fortschr d Geb d

Research 1925 1 77

Reducing the surgical risk in some gastro intestinal conditions T G ORR and R L HADEN J Am M Ass 1925 lxxxv 813 [108]

357 Volvulus of the stomach F GILL Irish J M Sc 1925 5 5 xlv 418  
A large hair ball in the stomach operation recovery A N TROB

The diagnosis of peptic ulcer R D CARMAN J Am M Ass 1925 lxxxv 1381

The early diagnosis and prompt treatment of peptic ulcer J A LIGHTY Clifton M Bull Clifton Springs N York 1925 xi 114

A consideration of gastric and duodenal ulcer C H MAYO Proc Roy Soc Med Lond 1925 xviii Sect Surg 73

The production of gastric ulcer by a local allergy A C IVY and P F SHAPIRO J Am M Ass 1925 lxxxv 1131

Production and healing of peptic ulcer an experimental study F C MANN Minnesota Med 1925 viii 638

Deformity of the capillaries in gastric ulcer J M MADINAVEITIA Arch de med cirug y especial 1925 xx 53

treatment and Canadian M

net 19 5 cirt

800 Perforated ulcer J S HOLBROOK Minnesota Med 1925 viii 640

Perforated ulcer of the stomach and duodenum S CUENDET Rev méd de la S Rom

290

Five cases of operations of urgency for perforated ulcer of the stomach F PAPI and J DARAIGNEZ J de méd de Bordeaux 1925 cu 455

Acute perforated pyloric ulcer condition twenty-one years after operation E ELIOT Ann Surg 1925 lxxxii 663 [109]

Late results of gastroduodenal ulcers perforating during the free period A CHAUVENET J de méd de Bordeaux 1925 cu 462

Recurring peptic ulcer FINOCHIETTO SACCO Dps

Lab & Clin Med 1925 xi 4

The gastric content of neutral red P B DAVIDSON J Willc v and C D HAAGENSEN J Am M Ass 1925 lxxxv 94 [108]

The excretion of neutral red into the human stomach A WINKEL and J M MARCUS J Am M Ass 1925 lxv 111

The influence of gastric analysis R S BOLES Ther p ex q l 03

Gastric analysis J W LAMORE J Lab & Clin Med 1925

Estimation of the stomach contents by means of a microscope ALZONA Policlin Rome 1925 xxxv p 18

A section of the gastric serosa L P MARIANT CHIR Zentr bl f Chir 1925 ln 1234

11681 Guy's Hosp Rep Lond 1925 lxxxv 428

Cancerous degeneration of gastric ulcer H G MOGANA and S G ORCOVEY Arch de med cirug y especial 1925 xi 490

Cancerous degeneration of gastric ulcer L URRUTIA Arch de med cirug y especial 1925 xix 529

Vaccine in the treatment of pain and infection of gastric ulcer R ACOSTA Semana méd 1925 xxxii 1218

Remarks on parenteral stimulation therapy upon gastric and duodenal ulcer T PENZOLDT Fortschr d Therap 1925 i 229

The radiotherapeutic treatment of non neoplastic gastric affections R BENSACDE I SOLOMOV and P ORY Pres méd Par 1925 xxxiii 841

The modification of the gastric chemism due to gastro-enterostomy I M ASCOLI Policlin Rome 19 5 xxxii sez chir 269



- A case of congenital diverticula of the appendix G  
GILLOTTA *Sperimentale* 19 5 lxxiv 263
- Diseases of the appendix M G SLELIC *Surg Clin*  
N Am 1925 v 1369
- Appendicular hydrops C PETRUSCU and D IZARFSCU  
*Presse med Par* 1925 xxxiii 1161
- A giant appendix containing a collection of colloid  
granules E C MEGEVAND *Rev méd de la Suisse Rom*  
1925 xlv 525
- Appendiceal lithiasis A VERMOOTEN Boston M &  
S J 19 5 cxciii 718
- Cystic lesions of possible endometrial origin in the  
uterus C OSTERBRIDGE [112]  
L WEGENER N I
- PALS Acta F  
Clin Cancer Research 19 5 i 5
- Radiation treatment of cancer of the rectum T E  
JONES *Radiology* 1925 v 306
- The surgical treatment of carcinoma of the rectum  
J M LACH *Arch Clin Cancer Research* 1925 i 53
- Some cases of cancer of the rectum treated by Hart  
mann's operation C DUROSELLE *J de méd de Lor*  
*dent* 1925 cli 459
- The formation of a rectal fistula for the relief of tenesmus  
peristing after the formation of an artificial anus in a  
case of inoperable carcinoma of the rectum G HOOK  
*Zentralbl f Chir* 1925 lvi 1501
- Why do we have hemorrhoids? C J DAVECK *J Iowa*  
*State M Soc* 1925 xv 528
- Liver Gall Bladder Pancreas and Spleen**
- Problems of pathology of the biliary tract W H  
LEWIS *J Med Ass Georgia* 1925 xiv 400
- intest J BARROTT L ARMSTRONG and W H OLDS  
*Am J M Sc* 19 5 clxx 519 [112]
- Rosenthal's method in the functional examination of the  
liver N FIENSSINGER and J LONGCHAMPT *Presse méd*  
*Par* 1925 xxxiii 873
- Functional examination of the liver by Rosenthal's  
method J MERLEEN M WOLF and ARNOVLJEVITCH  
*Bull et mcm Soc méd d htp de Par* 1925 xli 1180
- The comparative value of the Rosenthal test in the  
recognition of hepatic insufficiency S MAZZA and R  
TRELLES *Clin chirurg* 1925 i 123
- The value of a study of glycosuria in hepatic insufficiency  
M BRULIF H GARBAN and A AMER *Presse med Par*  
1925 xxxiii 862
- The surgical treatment of congenital artificial anus A  
CHERREZ *Rev de chirug* 1925 i 134
- Megasigmoid and volvulus of the sigmoid flexure  
SIXCC *Bol y trab Soc de chirug de Buenos Aires* 1925  
ix 266

*Hydatid cysts of the liver with pulmonary symptoms*  
M I HARRISON Bull et mém Soc nat de chir 1925  
li 676

*The roentgen diagnosis of echinococcosis of the liver*  
W ARVOLD Deuts che med Wchnschr 1925 li 655

*The diagnosis and treatment of hydatid cysts of the liver* L URRUTIA Arch de la clin Madrid 192 xxxii  
145

*The operative treatment of ascariasis of the liver*

*Liver abscess caused by a fish bone* L WILHELM  
Zentralbl f Chir 1925 li 1464

*Chronic icterus its diagnosis and treatment* L URRUTIA  
Arch de med chir y especial 1925 xx 335

*The treatment of obstructive jaundice* S H HARRISON  
New Orleans M & S J 1925 xxxvii 1)

*by*  
xx 11 621  
Arch f i n Med 1925 xxx 50

*A large fibroma attached to the lower surface of the liver* GRYNFELT and VAN Bull et mém Soc annt de

1925 iv 618  
*A case of bronchobiliary fistula* P I THURDIS Bull et

1160  
*The use of sodium tetrakisphenylphthalimide in  
fecy tography* R I WHEELER and I K B CAN Bost n  
M & S J 1925 cxvii 676

STARR call u  
*Gall bladder disease in early life* E D TRUESDELL  
E W PETERSON and H ILLIENHAL Ann Surg 1925

1925 ci 566  
1

Local anæsthesia in surgery of the extrahepatic bile pas-  
sage A CUTIÉREZ Arch de med chir y especial  
1925 xx 289

*The quantitative determination  
of pancreatic enzymes* L HOLLANDER and J M MARCUS  
Arch Int Med 1925 xxx 585

*The disappearance of subacute inflammation of the  
pancreas* M BAUMANN Muenchen med Wchnschr  
1925 lxxv 924

*A case of pancreatitis* A CHARTER Schwab med Wchnschr  
1925 li 524

of the pancreas  
Ann Surg

11y recur  
ion during  
Am 1925

Chronic pancreatitis as a clinical entity J W HINTON  
Surg Gynec & Obst 1925 xli 422  
Tumor of the body of the pancreas J BUCKSTEIN J  
Am M A

Cysts of the pancreas G L McWHORTER Arch Surg  
1925 xli 619 [115]

1911 1109

Further observations on the roentgenology of mixed  
tumors of the abdomen H LAURELL Acta radiol 1925  
iv 480

Roentgenologic examination of subphrenic cysts by  
means of the injection of iodine compounds M K  
CASTEX N ROMANO and H D CONZALEZ Rev Soc  
med interna 1925 vi 333

The innervation of intraperitoneal growths A W FRE  
SCHINSKI Arch f kl Ch

W

10  
89

279  
Perturbation of the spleen in the acute state of thrombo  
pæmic purpura H HARTUNG Deutsche Ztschr f Chir  
1925 cxvi 91

I

ft r  
925

xxviii 637  
Variations in the platelet count after splenectomy in  
acholuric jaundice S C DYKE J Path & Bacteriol  
1925 xxviii 673

Carcinoma of the spleen A S WELCH J Missouri  
State M Ass 1925 xxii 399

### Miscellaneous

Foreign bodies in the abdominal cavity after attempted  
abortion W J ZEMPLÉNI Zentralbl f Gynaek 1925  
xlix 1093

The mechanism of development of so-called subcuta  
neous ruptures of the parenchymatous organs of the ab

1925 xli 905

A case of hydrocele muliebri infected by an appendiceal  
inflammation and simulating a strangulated hernia R  
ANDLER Zentralbl f Chir 1925 liii 1171

Diaphragmatic hernia a study of 378 cases in which  
operation was performed C A HEDBLOM J Am M  
Ass 1925 lxxv 947 [115]

Subcutaneous rupture of the diaphragm A HEDRI  
Med Klin 1925 xvi 736

Abdominal surgery in diabetics D F JONES L S  
McKERRICK and H I KOOR J Am M Ass 1925  
lxxv 800 [116]

Dilatation of the phincter after laparotomies A  
KORTZSOHN Zentralbl f Chir 1925 liii 1018

## GYNECOLOGY

### Uterus

Gynecology for the primary physician I RUDGE  
Berlin Urban & Schwarzenberg 1925

A consideration of the cervix uteri from the standpoint  
of its sphincter properties F M BLAIR Surg Gynec &  
Obst 1925 l 43

Observations on the neuromusculature of the uterus  
F COOK J Obst & Gynec Brit Emp 1925 xxii 437

A case of uterus duplex H DE SA J Obst & Gynec  
Brit Emp 1925 xi 555

A case of rupture of the uterus with severe injury  
necessitating a resection of the small intestine  
P SCHLÖR Zentralbl f Gynaek 1925 xlix 814

A round ligament operation for the surgical cure of  
uterine prolapse in selected cases G L CARRINGTON  
Surg Gynec & Obst 1925 xli 507

A case of chronic torsion of the uterus K OLSSON  
Acta Gynec Scand 1925 iii 286

The symptoms of retroversion of the uterus R T  
VON JASCHKE Beitr z Prob f Gynaek u d Car in  
1925 117

11

11

Surgery in the treatment of backward displacement of  
the uterus F LUTENS H R ANDRIJS and R H IJAA  
mond Brit M J 1925 ii 736 730 740

Total le  
H HART

The in  
women



male genitalia M WALTHER Arch f Gynaek 1925  
xxxiv 381

A case of prolonged pyrexia apparently caused by  
chronic myometritis J W BERNER Proc Roy Soc  
Med Lond 1925 xviii Sect Obst & Gynec 8

A note on chronic endocervicitis the end results of

Questionable uterine carcinoma in very young persons  
F J TALSMAN Surg Clin N Am 1924 v 1437

Surgical carcinoma after roentgen treatment of a myom-  
atous uterus F DAUTWITZ Strahlentherapie 1925  
xiv 589

Alimentary leucopenia in carcinoma of the uterus. F

A PITIMADA Arch di ostet gynec 1925 28 xii 312

Cancer of the uterus and its treatment J REIER

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Monatsschr f Geburt u Gynaek 1925 lxxix 192

Cervico agnathia K BAKER Wien klin Wchnschr  
1925 xxxviii 607

Actinomycotic parametritis P SCHULTZ Monatsschr  
f Geburt u Gynaek 1925 lxxix 192

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

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1925 xxiv 445

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1925 xxiv 445

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Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

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1925 xxiv 445

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1925 xxiv 445

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1925 xxiv 445

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1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

Utero adnexal tuberculosis C DANIEL Gynec Int  
1925 xxiv 445

## Adnexal and Peritubal Conditions

xiv 493  
The appearance of hemorrhage after procedures in  
treating the corpus luteum J HALLMAN and R KOEHLER

Wien klin Wchnschr 1925 xxxviii 612

The relation between reaction of the skin and ovarian  
function I HEILIG and H HOFF Klin Wchnschr

1925 lxxix 818

Ovarian dystrophy due to hereditary ectodermic  
defect L FRANCESCHI and G NARDI Riforma med 1925 xl

775

Treatment of the hypophyseal area with diathermy  
the prevention of symptoms of ovarian insufficiency A

SZYNKES Wien klin Wchnschr 1925 xxxviii 330

The results of roentgen radiation of the hypophyseal  
area for symptoms of ovarian insufficiency A SZYNKES

and J LALL Wchnschr 1925 xxxviii 330

330

330

330

330

330

330

330

330

330

330

Emp 1925 xxxv 530

Sarcoma of the uterus report of a case with a review of  
the literature J C BRYAN Surg Gynec & Obst 1925

xl 477

The mortality rates of carcinoma of the uterus in Cali-  
fornia A B SPALDING California & West Med 1925

xxxv 1297

Tumor of large dermoid ovarian tumor J S ROBIN-  
SON and J H COVE WHITE Brit M J 1925 v 700

Multiple teratoma in one ovary H O NEWMAN  
Zentralbl f Gynaek 1925 xli 1549

Teratoma—ovarian retroperitoneal O A GIL-  
SON Jn Surg Gynec & Obst 1925 xli 390

A solid malignant tumor of the ovary in a girl 15  
old A B G ARMYTAGE J Obst & Gynec Brit Emp

1925 xxxv 33

xxix 593

A typical vaginal stenosis due to ovarian hypofunction  
J NOVAK Wien med Wchnschr 1925 lxxv 1354

## Miscellaneous

## ZAPATERO

MANNHEIM Zentralbl f Gynaek 1925 xlix 1471  
Primary bilateral carcinoma of the fallopian tubes  
recognition of early metastasis essential to successful  
treatment report of a case J O BOWER and J H  
CLARK Arch Surg 1925 xi 526

## External Genitalia

The treatment of pruritus vulvae W ARNOLDI and K  
WARNEKROS Muenchen med Wchnschr 1925 lxxv  
807

A neurofibroma of the right labium major S MACZ  
EWSKI Zentralbl f Gynaek 1925 xlix 1679

Am J Obst & Gynec 1925 v 592

The biology of the human vagina O GRACLET Arch  
f Com 1

Studies of the secretion and the effect upon it of various  
forms of treatment H KAMNIKER and A L SCHMID  
Wien klin Wchnschr 1925 xx iii 631

Doederlein's bacillus and the breaking up of glycogen  
in the genital tract W ROTHNER Zentralbl f Gynaek  
1925 xlix 1357

Infection of the vagina W ROTHNER Muenchen  
med Wchnschr 1925 lxxv 93

The importance and treatment of colpitis granulosa F  
KERMAYER Wien klin Wchnschr 1925 xxx iii 613

L. Z. MEER DE LEE ON THE RIVER AND THE  
GENITALIA K ECKELT The relation between the kidneys  
and the genitalia K ECKELT Berlin Urban and Schwar  
zenberg 1925

A note upon the recto urethra and rectovaginal muscles  
N BARBIAN Bull et mém Soc anat de Par 1925  
xcv 156

Sterilization by testicular transplants S SCAGLIONE  
Ki itaj diginec 1925 iii 819

Critical remarks upon the psychotherapy of gynecolog  
ical patients R T VON JASCHKE Monatsschr f  
Geburtsh u Gynaek 1925 lxxv 353

The psychiatric and neurological indications for steri  
lization

Is menstruation of endocrine or anaphylactic origin? L  
TRIFACD Rev franç de gynéc et d obst 1925 xx 491  
Some aspects of the formation of the corpus luteum and  
its relation to menstruation B PÉREZ VELASCO Arch  
de med cirug y especial 1925 xx 301

Changes of irritability of women during the menstrual  
cycle W W TUTTLE J Lab & Clin Med 1925 xi 60

Studies on the estrus cycle in the rat I The effect of  
thyroidectomy M O LEE Endocrinology 1925 ix 410

Precocious menstruation observations on two cases of  
pubertas praecox H WHELOV Endocrinology, 1925 ix  
353

Gynaek 1925 xlix 1129

The escape of mucous membrane through the tube W  
LAHM Zentralbl f allg Path u path Anat 1925 xxxv  
49

Constitutional factors in the prognosis of disturbances in  
menstruation R HOFSTAETTER Ztschr f Konstitutions  
1925 xi 350

The pathology and treatment of dysmenorrhoea R  
HOFSTAETTER Wien med Wchnschr 1925 lxxv 158

- The psychotraumatic form of dysmenorrhoea J NOVAK  
Muenchen med Wchnschr 1925 lxxii 599  
Genital leucorrhoea R T VON JASCHKE Arch f  
Gynaek 1925 cxiv 224  
A. ROLDÁN An Fac de med Univ de Montevideo 1925  
x 515  
A statistical enquiry into the clinical features of extra  
uterine adenomyomata A DONALD J Obst & Gynaec  
Brit Emp 1925 xxvi 529  
Studies with the interferometric method of recording  
protective ferments in cancer of the female genitalia W  
DOWSE Arch f Gynaek 1925 cxiv 161  
The etiology of the hydatid mole A HAUS Med  
Klin 1925 xxi 811  
A case of chorionepithelioma A W BOURNE Proc  
Roy Soc Med Lond 1925 xxi Sect Obst. & Gynaec  
89  
Some uncommon postoperative complications of gyn  
ecological laparotomies J B C CAMPS Ars med 951  
The formation of uterine mucous membrane in a laparot  
omy scar H MARK Med Klin 1925 xxi 744  
The effect of tumors upon sex characteristics J HALLAN  
Wien klin Wchnschr 1925 xxviii 475 405  
Abdominal pelvic serous cysts pedunculated and twisted  
and implanted upon the right surface of the mesentery  
x 582

## OBSTETRICS

### Pregnancy and Its Complications

- Pregnan y after roentgen stimulation of the ovaries  
E MEINER. Zentralbl f Gynaek. 1925 xlii 682  
When does pregnancy begin W KÄRZ Zentralbl f  
Gynaek 1925 xlii 1084  
Hereditary transmission of the tendency to and twin  
pregnancies E WÄBERITZ Ztschr f Konstitutionl  
1925 xi 554  
A critical study of Hegars sign of pregnancy L  
PISFACER Zentralbl f Gynaek 1925 xlii 1622  
Is there a true menstruation after the onset of preg-  
nancy? H WINTZ Monatsschr f Geburtsh. u Gynaek  
1925 lxix 303  
Pregnancy with malformation of the vagina H A  
RIMLER Med J Australia 1925 ii 34.  
on in the beginning of pregnancy

The question of spontaneous præternatural abortion  
Z. BUBLITSCHENKO Zentralbl f Gynaek 1925 xlix 827  
Has roentgen treatment of the gravid mother an in

Gynaek 1925 lxxx 320

The physiology and morphology of the placenta H  
RICHTER Arch f Gynaek 1925 cxxiv 557

Monatsschr f Geburtsh

lix 430  
Pyelitis in pregnancy J L RAWLS Virginia M Month  
1925 lii 433

The outlook for the child in maternal pyelitis H  
NAUJOKS Zentralbl f Gynaek 1925 xlix 136

The treatment of nausea of pregnancy M I RUCKER  
Virginia M Month 1925 lii 441

Notes on the treatment of the toxemias of pregnancy  
W R COOKE Texas State J M 1925 cxi 372

The question of true constitutional characteristics in  
eclampsia L BUBLITSCHENKO Monatsschr f Geburtsh

Monatsschr f Geburtsh

1925 vi

Wchenschr 1925 xxxviii 629  
Multiple pregnancies J CAMARGO Rev de gynec e  
d obst 1925 xix 87

Interstitial pregnancy R ZIMMERMAN Zentralbl f  
Gynaek 1925 xlix 1607

Two cases of interstitial pregnancy K LITTAUER  
Zentralbl f Gynaek 1925 xlix 1373

A case of extra uterine pregnancy combined with intra  
uterine pregnancy L DE ABAYO Rev de gynec e  
d obst 1925 xix 293

Bi-ornate uterus with one of the horns accessory and

1925 lxi  
The influence of fetal pregnancies of abnormally  
long duration R K HILBR Arch f Gynaek 1925  
cxxv 5

Interstitial and ureteropyelitis J A  
GABASTY R Arch f Gynec 1925 ix 165

The question of artificial abortion C WINTER  
Zentralbl f Gynaek 1925 xlix 1010

The etiology of tubal pregnancy I KOK Klin  
Wchenschr 1925 iv 1213

Abdominal pregnancy secondary to tubal gestation J  
A KAYCOCH J Obst & Gynec Brit Emp 1925 xxxii  
546

Abstinence in tubal abortion A CHILECO Semana  
med 1925 xxxii 314

The operative treatment of tubal pregnancy M  
TUBOLT Zentralbl f Gynaek 1925 xlix 1467

Ruptured extra uterine pregnancy and its treatment by  
autogenous blood transfusion F HEMPEL Beitr z klin  
Chir 1925 cxviii 36 [120]

Is blood transfusion in extra uterine pregnancy neces-  
sary? HAMMERSCHLAG Monatsschr f Geburtsh u  
Gynaek 1925 lxxv 51

U n - - - - - M J BREUER

ir f Geburtsh

## Labor and Its Complications

A new delivery bed G GELHORN J Am M Ass  
1925 lxxvi 1534

The blood nitrogen in labor and the puerperium in  
normal and pathological cases O HEESCH Arch f  
Gynaek 1925 cxiv 595

A note on the effect of a fetal n upon strips of excised  
pregnant human uterus L M GRUBER Endocrinology  
1925 ix 407

Observations on the relations between constitution and  
familial eutocia H SIEGGER Ztschr f Konstitutional  
1925 xi 517

Painless labor C J GALLO Fortschrd Therap 1925  
i 305

A new obstetrical narcosis (Gwaltney's method) A  
SEELY Monatsschr f Geburtsh u Gynaek 1925 lxx  
344

J

Lo

A circular tear of the external uterine os due to metre-  
orhysis O WIEMANN Zentralbl f Gynaek 1925 xlix  
1335

Rotation of the uterus during labor M BRETZ  
Monatsschr f Geburtsh u Gynaek 1925 lxxv 70 [121]

Vaginal laceration during labor W BARFURTH  
Zentralbl f Gynaek 1925 xlix 1336

Al

II

Med 1925 xvii 351

The delivery of the shoulder girdle by Mueller's method  
in pelvic presentations G DOEDERLEIN Zentralbl f  
Gynaek 1925 xlix 102

LEINLEIN

W P

ures G

WINTER Monatsschr f Geburtsh u Gynaek 192 lxxv

The diagnosis of twisting of the umbilical cord J

Geburthsh u Gynaek 1925 lxxv 104

Acute appendicitis during labor—operation—ecce ery  
D N BARBER and J R MILLER Boston M & S J  
19 cxvii 0

The choice of procedure in pelvicotomy A LEFORIER  
Gynec et obst 1925 xii 185

The arrest of postpartum hemorrhage by clamp ex-  
pression of the parametrium M HENALL Deutsche  
med Wchnschr 1925 li 1130

The management of bleeding of the cervix after spor-  
taneous labor T JONAVIGEN Zentralbl f Gynaek  
1925 xlix 1185

Ar can m

Cesarean section after the test of labor a description  
of author's technique H M ARMITAGE Surg Gynec &  
Obst 1925 xli 502

Comments on twenty cases of suprasymphysis acesaron  
situm with a description of the technique D A ROY  
and L S CROMBIE Bol de la Soc de obst y gynec de  
Puenos Aires 1925 ix 255 193 307

xxxvii 753

## Puerperium and Its Complications

A - - - - - of m

cxvii 241

xlix 1333

Puerperal insanity E A WILSON and T CURRIE  
Brit M J 1925 ii 79

Intra uterine procedures following labor and their  
prognosis F JESS Zentralbl f Gynaek 1925 xlix,  
1030

Puerperal morbidity after intra uterine procedures dur-  
ing the puerperium K H KIEZER Zentralbl f Gynaek  
1925 xlix 800

The limitation in the clinical value of tolerance tests in  
puerperal disease W LEHMANN Muenchen med  
Wchnsch 1925 lxxii 417

An account of an epidemic of puerperal sepsis due to  
streptococcus haemolyticus W A DAROT Edinburgh  
M J 1925 xvii 135

The path of extension of puerperal parametritis A  
KREPELKOFF Zentralbl f Gynaek 1925 xlix 5

Two serious cases of puerperal infections—one following abortion the other following delivery—which were cured by vaginal hysterectomy T ASTERIADES Bull et mém Soc nat de chir 1925 li 608 [122]

The management of puerperal sepsis with colloidal compounds O HERSCHMAN Muenchen med Wchnschr 1925 lix 422

Further studies in puerperal infections and their treatment J O POLAK Am J Obst & Gynec 1925 v 521 [122]

### Newborn

u Gynaek 1925 lix 36

New information concerning the causation and the sequelae of intracranial birth lesions (Collective review) H EHRENFEST Am J Obst & Gynec 1925 v 601

Intracranial hemorrhage in a newly born child after a normal and easy labor S A McSWINEY J Obst & Gynec Brit Emp 1925 xxvii 567

Thirst fever in the newborn L PORCK Zentralbl f Gynaek 1925 xlix 1325

Familial icterus gravis of the newborn and its treatment A P HART Canadian M Ass J 1925 xv 1008 [123]

The development and prevention of icterus neonatorum A GREIL Ztschr f Geburtsh u Gynaek 1925 l viii 628

Umbilical hemorrhage accompanied by deep jaundice report of a case H ACOSTA SIMON J Am M Ass 1925 lix 1201

The presence of the liver in the umbilical cord of a newborn infant P L HIPSLEY Med J Australia 1925 v 44

Fetal syphilis G EKEHORN Acta med Scand sup 1925 xii

### Miscellaneous

Progre in obstetrics R L DE NORMANDIE Boston M & S J 1925 cxviii 682

The challenge to higher ideals in practical obstetrics J O ARNOLD Am Med 1925 xxvi 504

The duties concerned with childbirth among ancient peoples F A SCHLIMM Am J Obst & Gynec 1925 v 510

Statistical studies of obstetrical material from July 1912 to December 1920 with particular reference to the influence of the war I BILMENSELD Monatsschr f Geburtsh u Gynaek 1925 lix 302

Authority and scepticism in midwifery and diseases of women T WILSON J Obst & Gynec Brit Emp 1925 xxvii 534

The improvement of the Abderhalden blood test and its application to certain obstetrical and gynecological problems H SELLEFIM Monatsschr f Geburtsh u Gynaek 1925 lix 283

Some results of the simplified improved Abderhalden method for the recognition of sex H SELLEFIM Ztschr f Sexualwissenschaft 1925 vii 56

Hæmaggglutinin in obstetrics F A DELLUCA Rev Iran de gynec et obst 1925 xv 331

The etiology of contracted pelvis in the light of anthropological and comparative studies J SCHAPOBERSKI Arch f Frauenk u Konstitutionsforsch 1925 xi 15

Studies of the physiological occlusion of the umbilical arteries W RICH Ztschr f Biol 1925 lxxvii 487

Relative lack of pigment as a constitutional variant and its obstetrical significance R KOEHLER Ztschr f

I I I

HERTAUER Wien med Wchnschr 1925 lxxv 1017

Vaginal or rectal examination in obstetrics W NIDERME Klin Wchnschr 1925 ix 1124

An obstetrical vaginal peccatum C O MCCORMICK J Am M Ass 1925 lxxv 122

Medical contributions on obstetrical problems M H FUELER Muenchen med Wchnschr 1925 lxxvii 419

## GENITO-URINARY SURGERY

### Adrenal Kidney and Ureter

The part played by the adrenal in the pathogenesis of postoperative gangrene DMITRIJEV Zentralbl f Chir 1925 lix 108

A case of acute hemorrhage into both suprarenal bodies J S KESSEL Med J Australia 1925 v 456

Transplantation of the adrenal in Addison's disease DMITRIJEV Zentralbl f Chir 1925 lix 68

The end result of hypernephroma C G SMITH and A B SIMON J Urol 1925 xiv 389

The anatomy and physiology of the kidney pelvis H HEDLICH Ztschr f Urol 1925 xiv 532

Resection of the kidney J K CALK Clin N Am 1925 v 1233

Congenital absence of one kidney a review of the literature and a report of two cases A J CLUDTIN with M J 1925 xiii 750

Autopsy findings in functional kidney studies with autopsy findings D C WILSON Clifton M Bull Clifton Springs N York 1925 vi 93

The pathology of hydronephrosis H I W WHITE Brit J Surg 1925 xiii 24

Four cases of hydronephrosis or pyelonephritis with pyelography DUBROVSKI and RAMAKOVA J de méd fe I rdaux 1925 v 648

Inflammatory and suppurative changes in the kidney following ureteral vaginal fistula J SCHIFFMANN and L SZULEK Wen klin Wchn hr 1925 x lviii 44

Tuberculous cyst of the kidney I BLATT Ztschr f Urol 1925 xiv 321

Renal tuberculois J W LIGERS J Oklahoma State M Ass 1925 v 137

Renal tuberculois simulating renal calculi I NIKITINE Arch d mal d reins et d organes génitoux urinaux 1925 v 120 [124]

The frequency of bilateral renal tuberculois J D BURNETT and S C JONES Brit N M & S J 1925 cxviii 40 [124]

Unilateral suppurative gonococcal nephritis in a woman C I TIVANETTI Bollettin Rome 1925 xxvii s 2 prat 1081

- Typhoid infections of the kidney T S PITCH J Urol  
1925 xiv 299 {123}  
End results in renal infections W C QUINBY J Urol  
1925 xiv 23 {124}  
Stimulus in the kidney pelvis non operative removal with  
the aid of the cystoscope B LEWIS J Am M Ass  
1925 lxxvi 1056  
The value of ureteral catheterization in renal colic from  
lithiasis G MARION Presse méd Par 1925 xxiii  
1043

- Diverticuli of the bladder M BUCHHEIT Therap  
d Gegenw 1925 lxxi 216  
The etiology of incrustated cystitis with alkaline urine  
B H HAEGER and T B MACARTH J Am M Ass 19  
lxxv 1322  
A case of cystitis cystica associated with severe hematuria  
W A HALLS and F M BLAIR Med J Aus  
tralia 1925 ii 285  
The technique of vesical instillation of methyl neblin  
tuberculous cystitis H BLAIR J Dur Lm'l et chir  
1925 xx 144

- 101  
The treatment of so-called fat stones in the bladder K  
ROSENMAIER Ztschr f Urol 1925 xix 274  
Flusive ulcer of the bladder F E KEENE Am J  
Obst & Gynec 1925 x 380 {12}  
Urination in two stages in patients with an interstitial  
J  
Bladder neoplasms with a brief series D  
KENNIE Canadian M As J 1925 xv 926  
Some problems in the management of tumors of the  
urinary bladder P A FERRIER California & West Med  
1925 xx ii 1202 {12}
- J Urol 1925 xiv 30  
A case of perinephritic abscess on the right side with un  
usual symptoms J SALLERAS Sehana méd 1925 xxxii  
402  
Perinephritis (chronic cicatrizing perinephritis) A

1925 xv 155

- 1925 xix 283  
The incidence of ureteral structure N P RAMBOY  
J Urol 1925 xiv 403  
Structure of the ureter and dysmenorrhea R L  
SCHEIDT California & West Med 1925 xxiii 173 {126}

### Bladder Urethra and Penis

- 1  
J 1925 xiviii 31  
Primary actinomycosis of the penis K W SMITH Urol  
& Cutan Re 1925 xxx 576

### Genital Organs

- Acute inflammation of the prostate H SMITH Indian  
M Ga 1925 lx 455  
Prostatic abscess due to a pneumococcus P MARTIN  
and LARRELLA Siglo méd 1925 lx ii 101  
A case of prostatic syphilis J SALLERAS Sem a méd  
1925 xxxii 450

- Inhalation vs regional anesthesia for prostatectomy  
O S LANSLEY and H E RYAN N York Stat J 1925  
95 xxv 803 {128}  
Prostatectomy emphasizing the present day facts of  
safety P SYMS N York State J M 1925 xv 330 {129}

- 141  
S munal vesicles from syphilitic patients: a histological study L R SALEEBY J Am M Ass 1925 lxxxv 1131  
Indications for vasotomy L G MARK J Urol 1925 xiv 313  
Vasoruncture: a technical modification of vasotomy for s munal vesiculitis B A THOMAS J Urol 1925 xiv 331  
Injuries possible through vasotomy W T BELFIELD J Urol 1925 xiv 340  
New clinical aspects of the Steinach operation H BEVJURY Med J & Rec 1925 cxvii 452  
The question of Steinach's operation and testicular transplantation DMITRIJEW Zentralbl f Chir 1925 lii 1130  
Suppurative orchitis and embryonal adenocarcinoma W H HAINES and N MUMFAY Atlantic M J 1925 xxiv 19

Wehnschr 1925 li 76  
Sterility in the male with remarks on operative experience F P HAGNER Ann Clin Med 1925 iv 350

ected  
Am  
J &  
with  
ion of

- Teratoma testis: its radical operation and a report of two cases A B HEFLER Northwest Med 1925 xxiv 409  
The effect of exposure to roentgen rays on reproduction in male rats D R HOOKER Am J Roentgenol 1925 xiv 327  
Scrotal horn J F LANG Brit M J 1925 ii 649

### Miscellaneous

- A method for clarifying cloudy urines for the phenol sulphonaphthalein test I A HEWITT J Lab & Clin Med 1925 vi 87

xviii 871  
Frequent urination D A BROWN Clin Med 1925 cxvii 680  
Radium in urology E E ANGLE Nebraska State M J 1925 x 192  
Finiteness in 733 consecutive urological cases seen in

co  
N  
Lr  
F  
an

## SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

### Conditions of the Bones Joints Muscles Tendons Etc

- The prevention of the common deformities J A BROOKE Hahneman Month 1925 lx 540  
O testis fibrosa cystica: report of six cases J N SISK Surg Gynec & Obst 1925 vii 481  
Vacuolar osteofibrosis (Recklinghausen's osteopathy) C ACHARD and J THIERS Bull et mém Soc méd d hôp de Par 1925 vii 1019  
Osteosclerosis P LEWIN and S B MACLEOD J Bone & Joint Surg 1925 ii 969  
Osteomalacia in China J P MAXWELL and L M MITTS J Obst & Gynec Brit Emp 1925 xxvii 433  
A note on the treatment of active tickets by the mercury vapor lamp J F CARTER BRAINE and A A O MAY Guy's Hosp Rep Lond 1925 lxxv 491  
Os comelutis M B CLOPTON Surg Clin N Am 1925 v 1447  
Ost "

The roentgen treatment of surgical tuberculosis L EDLING Acta radiol 1925 iv 397

The nature of the effect of tumors upon the formation of deformities KOENIGSWIESER Ztschr f orthop Chir 1925 xlii 256

A case of multiple exostoses and a fibro adenoma of the breast M T VALLINO and J M MACERA Semana méd 1925 xxxii 489

Skeletal torsion GRESANTI Chir d organi di mova

CAMP

E

A S

B BANKART Lancet 1925 cciv 906

Experimental observations on the roentgen anatomy and pathology of the joints J BORAK and K GOLDBAMER Fortschr a d Geb d Roentgenstrahlen 1925 xxviii 341

The treatment of rheumatoid arthritis by the intra

S

i

101d

19

Ural sepsis a cause of arthritis W J ACKLAND

Brit M J 1925 ii 594

u particular reference to the theory and practice of sunlight treatment E KISCH Leipzig Vogel 1925



- Malformation of the lower spine A ORLANDI J Bone & Joint Surg 1925 vii 907  
Traumatism of the vertebral column WAPPELANT Arch méd belges 1925 lxxviii 199
- JO Sir R  
M J M H  
Isher
- Brit A J 1925 ii 301  
Etiological factors and treatment Sir W WILCOX Surg 1925 vii 814  
Brit M J 1925 ii 600  
Sulphur metabolism in rheumatoid arthritis A
- Bony excrescences of spondylosis in Pott disease DUGUET and CLAVERIE Bull et mém Soc nat de chir 1925 li 801  
Juvenile reforming vertebral osteochondritis G VITACOLI Riforma med 1925 xli 823
- Chir 1925 cxci 180  
Stiff joints L O GECKELER Hahneman Month 1925 lx 599  
The reformation of synovial membrane J A KEY J Bone & Joint Surg 1925 vii 93  
A note on a cause of protracted dislocations in the region of the shoulder J T WATKINS J Bone & Joint Surg 1925 vii 787  
Droop shoulders in adults J C WILSON Med J & Rec 1925 cxviii 436  
Sprengel's deformity L W ELY Arch Surg 1925 vi 598  
Diathermy in subdeltoid bursitis J F HARRIS J
- 337 Perthes disease G BUETTNER Med Klin 1925 xii 686
- Ztschr f Chir 1925 cxc 399  
New consideration on the pathogenesis and treatment of coxa vara T STETTER and P WISTROW Deutsche
- not in an  
48  
ER Med  
ER Surg
- Cl N Am J 1925 180
- 925 xxiii 467  
The roentgenological study of osseous alterations of the knee MANOLDI Chir d o gani di movimento 1925 ix 527  
Principles of treatment by manipulation in some chronic disorders of the knee joint following injury A C TINSHER Lancet 1925 cci 520  
Painful os tibial externum S SIMON Deutsche Ztschr f Chir 1925 cxci 127
- 1925 ix 451

Chir 1925 cxci 65

Hallux valgus a result of injury of the arches of the

Tears of the tendon of Achilles E BAUMANN Schweiz med Wchnschr 1925 lv 300

### Surgery of the Bones Joints Muscles Tendons Etc

Surgery of injuries in sports F MANDL Berlin

1412

1925 i 3  
A technique for bone suture S SOFTTEROFF Zentralbl f Ch 1925 lv 927  
Muscle plastics and transplantation C PETTA Policlin Rome 1925 x n sez chir 303 [133]  
Muscle transplantation for the relief of quadriceps paralysis I SCHEPPELMAN Deutsche Ztschr f Chir

DEUTSCH

CAMP [134]

CHEN &

Obst 1925 xli 52  
Báron's operation for tuberculo of the humerus J int E SCHULHOFF Zentralbl f Chir 1925 lv 1470  
Resection for osteoarthritis of the lower epiphysis of the radius and ulnocarpal joint H BURCHETT J

VARA

TSCH

RESSE

### Fractures and Dislocations

Fractures general considerations J S CALL South

M

W

I

I

K

Lancet 1925 cxix 735  
The treatment of ununited fractures D EXP South

ed

ed

II

tric

L

FROSCHE Min Wchnschr 1925 lv 701  
Remarks upon operation for habitual luxation of the shoulder F MANDL Deutsche Ztschr f Chir 1925 cxci 108

790

Direct fracture of the clavicle with symptoms simulating those of cervical rib J REID and J KENNEDY Brit M J 1925 ii 609

An apparatus for the treatment of the upper limb INGRAMO Chir d organi di movimento 1925 ix 414  
Fixation of the head of the humerus in habitual dislocation of the humerus M WUELFING Zentralbl f Chir 1925 lv 1244



The osmotic resistance of blood cells G. HERRSCH

A question of blood transfusion P. CLAIRMONT Klin  
Wchnschr 1925 iv 1150  
Blood transfusion A. BECK Muenchen med  
Wchnschr 1925 lxxii 1232  
Blood donors A. EISELBERG Wien med Wchnschr  
1925 lxxv 1003

### Blood Transfusion

1348

M Soc 1925 xxiv 521

The osmotic resistance and the sedimentation rate of  
the red blood cells in some surgical diseases A. WERN-  
SCHENSKI and I. ANIKIN Deutsche Ztschr f Chir 1925  
cxvi 258

The surface tension of the serum of pregnant and can-  
cerous persons B. M. SOLOWIEW Ztschr f Krebsforsch  
1925 cxvii 265

1403 The effect of intravenous injections of hypotonic salt  
solutions R. LATZEL and K. STEJSKAL Wien klin  
Wchnschr 1925 xxxviii 453

### Lymph Vessels and Glands

Cervical adenitis—a surgical consideration R. F. CAR-  
TER Arch Pediat 1925 xlii 627

Petropharyngeal lymphadenitis in young children H.  
B. S. N. A. K. D.

de

te

xxvi sez mui 391

I

I

I

1925 ix 329

Blood transfusion I. A. HERR Boston M & S J

1925 cxvii 722

Blood transfusion to date C. A. HERR Surg Gynec &  
Obst 1925 xli 53

193

## SURGICAL TECHNIQUE

### Operative Surgery and Technique Postoperative Treatment

Poor surgical risks Laboratory assistance in the prepa-  
ration of patient for operation and in their postoperative  
care W. THALHIMER J Am M Ass 1925 lxxvi 806  
[139]

Clues infusions of insulin in the preparation of poor  
surgical risks D. LISTER and E. H. MESSING Boston  
M & S J 1925 cxvi 712

The intracardiac injection of adrenalin in operative  
syncope F. SPECIALI Policlin Rome 1925 xxxii sez  
prat 1149

The overcoming of respiratory weakness during surg cal  
procedures with the aid of lobelin K. HEMTEL Muenchen  
med Wchnschr 1925 lxxii 803

Grafts of fixed skin A. BERTOCCHI Arch ital di chir  
1925 xi 445 [139]

Free full thickness skin grafts C. A. McWILLIAMS  
Ann Surg 1925 lxxxi 654



Textbook of radiation therapy H MEYER II Radiation therapy in surgery R WERNER Berlin Urban and Schwarzenberg 1925  
 Fundamental principles of roentgen therapy J W PIERSON South M J 1925 xviii 715  
 General considerations upon the roentgen therapy problem K STAUWIG Wien klin Wchnschr 1925 xxviii 92

Radiation therapy in deep seated malignant disease G E PRAHLER Surg Gynec & Obst 1925 xli 443  
 Deep X ray therapy K M HIRANANDANI J Cancer 1925 ii 10  
 Metabolic disturbances following deep roentgen ray therapy H P DOLB A BOLLEGER and F W HARTMAN J Am M Ass 1925 lxxxv 1209 [142]

## Radium

Gynaek 1925 lxi 401

New secondary radiation phenomena and their significance in radiation therapy W FRIEDRICH and M BEYDER Strahlentherapie 1925 xiv 731

Invisible changes in the X radiated skin an experimental study H HAXTHAUSEN Acta radiol 1925 iv 490

st radio-  
J Am

v in con  
is M J

449 Four hundred and twenty-one cases treated with radium in the period 1914-1921 W POLUBINSKY Zentralbl f Gynaek 1925 xli 1191

## Miscellaneous

Physical therapy M FISHBEIN J Am M Ass 1925 lxxxv 1030

An outline of physiotherapy K G HANSSON Internat J Med & Surg 1925 xxxviii 389

Physiotherapy in relation to surgical conditions L M OTIS Ohio State M J 1925 xvi 725

Physical therapy in chronic arthritis its uses and limitations R L CECIL and K G HANSSON Med Clin N Am 1925 ix 277 [142]

Some aspects of the use of physical agents in treatment in medical practice B J M HARRISON and F J GWYNNE Med J Australia 1925 ii 453

The clinical aspect of light C E M JONES Brit M J 1925 ii 500 [142]

The action of light W F DRYON Brit M J 1925 ii 490 [143]

Arch 1925 ix 404

The roentgen treatment of anal cancer L T FRODY and J L WEATHERWAX Radiology 1925 27 [142]

General nitro bath treatment by means of carbon arc lamp C F CHRISTENSEN Acta radiol 1925 i 457

Remarks upon surgical diathermy G BONNARSSON Svenska Läkartidningen 1925 xxi 373

## MISCELLANEOUS

Some recent advances in cancer work. A. H. THWARTES  
Med J Australia 1925 ii 471

What theories are accepted today concerning the development and curability of cancer? E. OPIETZ. Beitr. z. Prob. d. Gynaek. u. d. Carcin. 1925 p. 7.

The development of malignant tumors and their management K. RESCHRIFTER Fortschr d Med 1925 xlviii 106

Clinical errors of diagnosis of cancer of the internal organs. F. MUNK and P. NEUMANN. Deutsche med Wchnschr. 1025 h. 1020.

Mahoney S W BIRD South M & S 1925 LXXXV  
583

Malignant disease in native races E D PRIMER Brit  
M J 1925 ii 630

Measurements of the electrical capacity of benign and malignant tumors—clinical significance G W CRILE J Cancer Research 1925 15 138

The etiology of the heterogeneity of cancer tissue L. O. HORDA. *J. Cancer* 1975 11 16

Malignant tumors of different types at widely separated intervals W. RIEPER Arch f klin Chir 1925 cxxxv 710

The relation of maturity of cancer to the age of the patient O FRANKL and L KRAUL Wien med Wchnschr 1925 lxxv 1285

Carcinoma and blood studies II RIEGER Seite 2  
 Prob d Cynack u d Carcin 1925 p 33

Immunity in cancer F C Wood J Am M Ass  
1923 LXXV 1010

No immunity produced by inoculating irradiated tumor tissue. F. C. WOOD and R. F. IRIGOLEN. J. Cancer Research 1925 13: 237

The effect of a single injection of irradiated sarcoma cells upon the growth of established tumor grafts J C SMALL, M J EVANS and E B KRUMHOLTZ J Cancer Research 1025 15 316

The eff

CS

canorene its everyday clinical aspects J C Elias  
Hahnemann Month 1923 15 610

An unexplained case of spontaneous gangrene of the lower extremity. E. HALLER Muenchen med Wchnchr 1925 LXVI 456

### General Bacterial, Mycotic and Protozoan Infections

Infection and its relation to general and local disease  
C. H. Mayo. Iowa State M. Soc. 1926 v. 516

The significance of complement deviation in gonococcal affections. S. LOMBARDI. *Rassegna internaz. di clin. e terap.* 1925 VI 595

Streptococcic infection. B. M. RANDOLPH. Ann Clin Med. 1925. 18. 321.

New studies of streptococci and streptococcal infection  
T. CURRIE, *Min. Wehnschr.* 1915, IV, 98

The pathology and treatment of erysipel id diseases  
F ARNOLD Arch f klin Chir 1925 extra 736

Heliotherapy in tuberculosis E H Bards M.D.  
Surgeon 1925 B.A. 1932

Tetanus in the United States following the use of  
bunion pads as a vaccination dressing C ARMSTRONG

Report of a case of tetanus F P DORSEY <sup>SR</sup> and F

P DORSEY JR Nebraska State M J 1925 X 400  
Systemic blastomycosis C C GARR Surg Gynec &

Obst 1925 xl: 490  
The surgical treatment of echinococcosis H W Minis  
Med J & Rec 1925 cxiii 497 460

### Ductless Glands

The influ

### Surgical Pathology and Diagnosis

The relationship of the clinical pathologist to surgical practice V C HUNT California & West Med 1953  
XIII 1203

Pathological physiology of surgical disease a textbook  
for students and physicians F Rost Leipzig Vogel  
1925

0

4



Pa. ... .. 035 IV 1024

Diagnostic and therapeutic use of paravertebral injections. In: M. Karpis, Therapies Gegenw. 1929, lxxvi, 335.

Some notes on cancer II On human intestinal parasites as a cancer inciting factor and on the significance of the precancerous state W MEYER Am J M Sc 1925 clx 18.

<sup>481</sup> Fads and fancies in cancer therapy I. Levin Arch  
Gen. Cancer Research 1925 1: 9

Cancer mortality in the ten original registration states  
the trend for the period 1900-1919 is as follows:

The early formation of tar carcinoma on rabbits ears  
O. BIRNBAUM, Ztschr f Krebsforsch Jena 195 1951  
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# International Abstract of Surgery

*Supplementary to*  
**Surgery, Gynecology and Obstetrics**

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## EDITOR'S COMMENT

**D**AVIS review of the question of innervation of striated muscle (p 173) is a helpful contribution on a subject that has aroused great interest and considerable discussion in recent months. Davis emphasizes the point that clinical procedures should be based on clear cut evidence obtained from experimental studies and that procedures based on equivocal evidence are very likely to prove unsuccessful and disappointing. This position obviously is the one on which true progress in surgery is based.

A large number of particularly interesting abstracts on various phases of genito urinary surgery will be found in this month's issue of the ABSTRACT. Blum's studies on the physiology and pathology of the ureter (p 213). Andler's paper on atony of the ureter (p 213). Eisendrath, Katz and Glasser's report on five cases of bladder reflux (p 216) and Humman, Gibson and Kutzmann's discussion on the origin and structure of malignant tumors of the testis (p 220) deal particularly with the physiology and pa-

thology of the urinary tract. Davis's utilization of intral cystography demonstrating the hypertrophied interureteral bar (p 216) concern some helpful diagnostic methods of recent development.

Salvini's report on the immediate and the late results in 180 cases of prostatectomy from Marion's clinic (p 218) calls particular attention to methods of avoiding the complications incident to operation. Nicolich's report of a case of reflex anuria after nephrectomy (p 212). Mitry's management of a case of calculous anuria and reflex ileus (p 211). Landivar's account of the clinical course of a case of calculous hydronephrosis in a solitary kidney (p 211). Dor's suggestion as to the value of ureteral catheter-

ization in the treatment of contracted bladder (p 210) are all methods being utilized to meet the uncommon and difficult problems in the surgery of the urinary tract. Marion in a discussion of the

treatment of genital tuberculosis in the male (p 217) recommends epididymectomy as the operation of choice when definite involvement of the epididymis has occurred and the acute stage is passed. He believes the danger of generalized tuberculous infection has been exaggerated.

Hurst in reviewing a large group of cases of cancer of the stomach from Guy's Hospital, London (p 193) states that he has never seen a case of cancer of the stomach or colon in which occult blood was not present. Case emphasizes the value of leaving the duodenal tube in position after operations on the stomach and duodenum.

The treatment of tuberculosis of the knee joint (p 230) touch two important problems of orthopedic surgery. Willem's study of the end results of joint infections in cases in which early mobilization has been employed as routine treatment (p 224) constitutes another chapter in the development of this important subject. A symposium on arthritis presented at a recent meeting of the British Medical Association (p 225) includes the views of a number of distinguished British and American medical men.

The physiological action of the parathyroid glands (p 228) is a subject of para-

mounting importance. The exact nature and function of the parathyroid secretion.

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# INTERNATIONAL ABSTRACT OF SURGERY

MARCH 1926

## COLLECTIVE REVIEW

### THE SURGERY OF THE SYMPATHETIC NERVOUS SYSTEM

#### I MUSCLE TONUS

By LOYAL DAVIS MD MS PhD CHICAGO

Associate Professor of Surgery Northwestern University Medical School

**B**EFORE the surgical aspects of the sympathetic nervous system in its relation to muscle tone can be discussed intelligently it is necessary to define what is meant by muscle tone. Immediately we are beset with difficulties. There are necessarily increased when we attempt to divide this ill defined characteristic of muscle into its component parts. Finally when we attempt to recognize and deal with these component parts clinically many physiological problems which thus far remain unsolved confront us. Certainly before any attempt can be made to

Clinically it is known that hypertonicity occurs as the result of corticospinal tract lesions. It occurs in a different form in the so-called extrapyramidal motor diseases such as paralysis agitans and other diseases of the striate body and it is present in rare cases of complete decerebrate rigidity in man and in certain diseases which probably involve a peripheral muscular mechanism such as myotonia and tetany. Tone is increased in a modified and temporary manner in certain frontal lobe lesions which supposedly involve a hypothetical cortical representation of tone.

When the normal state of

system in many cases of muscle tone altered by disease. Their conclusions must therefore be looked upon with considerable doubt. Unfortunately their surgical technique has advanced beyond the bounds of known physiological facts and evidence has been accumulated in an attempt to justify a given surgical procedure.

Tone is a property of muscle the components of which are today incompletely known and the physiology of which is poorly understood. In cases of ton

seen in lesions which for the most part involve the pyramidal tracts. It does not exert any selective influence on muscle gtonicity reflexes in

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contracted bladder (p 210) and methods being utilized to meet the uncommon and difficult problems in the surgery of the urinary tract. Marion in a discussion of the

observations on cases of hyperthyroidism by iodine administration (p 183) are other papers worthy of particular note.

motor fibers of sympathetic origin to striated muscle

Finally as Langley has stated if all striated muscles contain sympathetic nerve endings it is unusual that they cannot be seen in methylene

is a degree of uncertainty as to the presence of non medullated nerve fibers of sympathetic origin in striated muscle Further even when they are seen observers are not at all agreed as to the

innervation of striated muscle

Upon this evidence Hunter and Royle formulated the hypothesis that there are two groups of muscle fibers with distinct motor innervation and separate and specific function They stated that the cerebrospinal motor nerve endings are concerned in ordinary muscle movements and with the component of muscle tone which they termed contractile They concluded that the sympathetic or non medullated nerve endings are related to the maintenance of a second element of muscle tone the so-called plastic tone It must be apparent that the physiological applications of such an hypothesis are based upon a rather insecure histological foundation

#### COMPONENTS OF MUSCLE TONE

Sherrington has given us a conception of muscle tone as a reflex reaction the stimulus for which comes from a proprioceptive source and the purpose of which is to maintain posture He believed there are two reflex pathways concerned in the

two divisions dependent upon the type of stimulus necessary to produce an adequate reaction The first

variations in tone and posture These are the standing and righting reflexes of Magnus

and de Kleijn to whom we owe much for their contributions on the question of muscle tone These reflex reactions are characterized also by the fact that they have a long latent period they may follow closely upon phasic or clonic reactions produced by external sensory stimuli and they persist as long as an adequate stimulus exists The effective stimulus for the proprioceptive center is muscle stretching while an adequate stimulus is a change in the relation of the otolith organs to the horizontal plane in space

In contrast the phasic reflex system employs flexor groups of muscles and the reactions are a series of repeated but brief movements Both tonic and phasic pathways are acted upon by the cerebral motor cortex The centers for the phasic system lie in the spinal cord whereas those governing the tonic pathway are in the brain Both systems employ the striated muscle and the neurones of the anterior horn cells of the spinal cord as the single effector mechanism

this phase of the subject to which Sherrington's theory of reciprocal innervation applies

This is the accepted and well established view of muscle tone In contrast and on the basis of Boeke's histological work Langelaan suggested that each skeletal muscle is composed of a dual system and of a sarcoopl

ent upon the sarcoplasm and its sympathetic innervation and a contractile component affected by the striated apparatus and innervated by the cerebrospinal nerves Such an hypothesis is attractive but a definition of plastic and contractile tone tell

and pointed out the differences in the two kinds of muscular activity Forbes has aptly pointed out that such tonic action may be explained as Lidell and Sherrington have shown as resulting from the different ways in which muscle fibers contract in different types of reflexes Such an

lengthening and shortening reactions. Neither can this type of hypertonicity be modified by certain phasic spinal reflexes.

Rarely hypertonicity is seen in certain gross lesions of the midbrain and pons as the result of complete or almost complete decerebration. Clinically certain phenomena found in decerebrate animals, namely increased deep reflexes, shortening and lengthening reactions and a

tension. However, these phenomena are often masked by increased spinal reflexes, contractures and muscular fibrosis. It is illogical to conclude

we must consider whether there is any evidence that skeletal muscle has a sympathetic innervation. Surely the establishment of this fact underlies the entire problem. Further granting that striated muscle has a sympathetic supply we must know definitely that such an innervation initiates maintains or in some manner influences muscle tone.

In 1879 Tschirnew demonstrated the existence of two systems of motor nerve fibers to skeletal

tures

Ferronito later described non medullated and medullated nerve fiber endings but was quite unable to establish their independence. Boeke also observed the nerve endings described by Tschirnew and Perroncito but stated definitely that they are not of independent origin. He described also what he has termed accessory

which condition muscular cramps and changes in electrical excitability and irritability of the muscles are found.

It has been suggested that that element of muscle tone which is related to the static or postural in contradistinction to the kinetic motor system is mediated by the sympathetic nervous system through a high reflex arc in the pons and a lower one in the cord, the afferent and efferent limbs of the lower arc arising and terminating in the sarcoplasm of skeletal muscles.

#### SYMPATHETIC INNERVATION OF SKELETAL MUSCLES

Before entering into a discussion upon the relation of the sympathetic system to muscle tone

end organs of cerebrospinal origin and a non medullated system of sympathetic origin. Boeke described a nerve fiber and ending of each type situated hypolemmally upon a single muscle fiber. After section of the oculomotor nerve near the brain stem in a cat he found degeneration of both medullated and non medullated fibers in the levator palpebrae superioris muscle. Non medullated fibers which remained intact he regarded as

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fiber receives only one motor nerve ending. He pointed out that some muscle fibers receive a hypolemmally placed medullated nerve fiber ending while others receive an epilemmal ending derived from a non medullated nerve fiber. It is interesting to note that Kulchitsky expressed the lack of precise knowledge concerning nerve terminations in muscle. This was due mainly to inability to find the passage of non medullated

Kanavel Pollock and Davis repeated the work of Hunter and Royle with respect to the influence of sympathetic denervation upon the pattern of decerebrate rigidity. Cats were employed as experimental animals. Hunter regarded the cat as unsuitable for the investigation of problems of tone because he believed that the variability of contractile tone in this animal would mask the

were operated upon and were kept under observation for periods of from two to nine weeks. No changes in the character of voluntary or reflex

common carotids. The fact that animals so operated upon present active Magnus and de Kleyn phenomena forty-eight hours after ligation precludes the objection that the hypertonus may be due to a physical spasm. In all of these animals the onset and maintenance of decerebrate rigidity was exactly similar in all four extremities including the one previously deprived of its sympathetic innervation. Other workers including Cobb, Barenne, Kuno, Loxley, von Brücke and von Rijnberk had previously arrived at the conclusion that normal muscle tone and the pattern of decerebrate rigidity do not depend upon sympathetic innervation.

#### ANATOMY OF THE SYMPATHETIC PATHWAY FOR PLASTIC TONE

Waller

Hunter conceived a complete sympathetic reflex arc with distinct afferent and efferent arms and definite central pathways and centers. He stated that contractile tone has its center in

formed the efferent limb of the arc. He further postulated the corpus striatum as the higher center for the control of these sympathetic arcs.

Naturally the acceptance of such a theory contradicts all of the facts known about the sympathetic nervous system. Gaskell has stated that the sympathetic nervous system consists purely of excitatory neurons. Certainly the known facts support such a viewpoint. Moreover there is no known anatomical evidence which points to the existence of two systems of contractile and plastic tone reflex centers and pathways.

As Walshe has stated clearly to accept this view we first need unequivocal evidence of the existence of two distinct and separable functions of the neuromuscular mechanism to be subserved by these two apparatuses.

#### CLINICAL APPLICATION

It becomes apparent that many difficulties arise in the experimental identification and isolation of contractile and plastic tone. Such uncertainty as exists becomes profound if we attempt to say from clinical examination that in this case plastic tone is increased and in that one it is decreased. Add to this the absence of any standard

paralysis and suggested sympathetic ramisectomy to relieve the excessive plastic tone. They laid down certain criteria to be observed in the selection of the cases for operation. Preferably these

attributed to a tonic prolongation of a tendon jerk. As a matter of fact however even careful graphic records of tendon jerks under absolutely controlled conditions are often necessary to show this characteristic reflex. Further the time relation and type of reflex obtained may vary greatly in the same person under slightly different conditions of the experiment. Again Hunter and Royle have stated that the spasticity associated with spinal cord lesions does not show plastic tone and that consequently such cases are unfit for sympathetic ramisectomy. It is difficult to determine any clinical difference between the spasticity found in the leg of a cerebral hemiplegic and that found in a spastic paraplegia in extension. As Walshe has pertinently inquired if in the absence of plastic tone there is no true rigidity how can spastic paralysis in extension occur from a spinal cord lesion?

explanation does not of necessity require the assumption of two types of muscle tone. As Walshe has pointed out, Langelaan's repetition of de Boer's experiments on the frog after removal of

of muscle fibers, the one subserving contractile tone and receiving its innervation from the cerebrospinal system and the other serving for plastic tone and innervated by the sympathetic nervous system. They interpreted plastic tone as that

that contractile tone tends to shorten certain muscle, thereby imposing a posture upon the limb. Carrying this idea to the decerebrated animal, they stated that the extended position of the extremities assumed following decerebration is an evidence of contractile tone, while the maintenance of that posture is the function of plastic tone.

On the assumption that these two types of tone are innervated by separate systems, Hunter and Royle attempted to isolate these functional elements experimentally. They removed the lumbar sympathetic rami upon one side and after a considerable interval performed decerebration by the usual guillotine method, which, as is well known, is accompanied by considerable hemorrhage, shock, and inaccuracy in the determination of the level of decerebration. They found that under such experimental conditions the limb so denervated fell into an abducted, semiflexed attitude, while upon the unaffected side, extensor rigidity was marked. This result has been explained as due to a loss of plastic tone.

The second type of experiment performed by Hunter and Royle consisted in an endeavor to isolate plastic tone. They used the fowl as an experimental animal because of the anatomical separation of the cerebrospinal and sympathetic innervation to the wings. They severed the cer-

the survival period of the decerebrate preparation, the impulses underlying these tonic activities con-

tained until the head is passively restored to its initial position. We may be sure, therefore, that even though we divide postural tone into two separate components, the afferent impulses con-

passively into flexion, contractile tone would actively extend it again, and that a rhythmic extension (active) and flexion/abduction (passive) would ensue. That this does not happen seems to indicate that there is no mechanism active in imposing posture on the limb in other words, that contractile tone, as defined, is absent.

A consideration of the results of cervical posterior root section in the fowl reveals similar difficulties of interpretation. Thus it is a function of plastic tone to maintain actively any given posture imposed upon a limb, and so to counteract the disturbing action of gravity and other external forces. In the experiment quoted, the passively extended wing dropped to the animal's side when

the wing musculature wholly atonic to passive stretching, but it retained abnormal postures only as determined by gravity. Moreover, it must be

which must be assessed in any interpretation of the experiment.

Trendelenberg has recorded very careful experiments of a similar nature, carrying out thorough anatomical and histological controls upon his birds after they had been sacrificed. He performed extensive divisions of the cervical and thoracic posterior roots, which of necessity removed both somatic and sympathetic afferent innervation. He concluded that such denervation of a single wing produced no drooping or loss of voluntary or reflex movements. The most common and logical objection offered to Hunter and Royle's experiments is that in all probability they produced damage to the ventral as well as to the posterior roots.

Kanavel Pollock and Davis repeated the work of Hunter and Royle with respect to the influence of sympathetic denervation upon the pattern of decerebrate rigidity. Cats were employed as experimental animals. Hunter regarded the cat as unsuitable for the investigation of problems of tone because he believed that the variability of contractile tone in this animal would mask the loss of plastic tone. In Sherrington's hands however the cat has proved to be of great value in the working out of such problems. In the experiments of Kanavel, Pollock and Davis eighteen cats were operated upon and were kept under observation for periods of from two to nine weeks. No changes in the character of voluntary or reflex movements were observed. Twelve cats were then decerebrated by ligation of the basilar artery at a selected level and simultaneous ligation of the common carotids. The fact that animals so operated upon present active Magnus and de Kleijn phenomena forty-eight hours after ligation precludes the objection that the hypertonus may be due to asphyxial spasm. In all of these animals the onset and maintenance of decerebrate

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von Kries, von Brücke and von Kries had previously arrived at the conclusion that normal muscle tone and the pattern of decerebrate rigidity do not depend upon sympathetic innervation.

#### ANATOMY OF THE SYMPATHETIC PATHWAY FOR PLASTIC TONE

If we are not to

muscle which are of sympathetic origin it then be

tone.

Hunter conceived a complete sympathetic reflex arc with distinct afferent and efferent arms and definite central pathways and centers. He stated that contractile tone has its center in Deiter's nucleus and that the efferent pathway of this arc is the well known vestibulospinal tract which connects this nucleus with the spinal cord. Plastic tone he believed has its center in the reticular formation and the pontospinal tracts formed the efferent limb of the arc. He further postulated the corpus striatum as the higher center for the control of these sympathetic arcs.

theories of tone to selected clinical cases of spastic paralysis and suggested sympathetic ramisection to relieve the excessive plastic tone. They laid down certain criteria to be observed in the selection of the cases for operation. Preferably these

investigators were the resistance of the muscles to passive movements and the hung up or step-like tendon reflex. The hung up reflex they attributed to a tonic prolongation of a tendon jerk. As a matter of fact however even careful graphic records of tendon jerks under absolutely controlled conditions are often necessary to show this characteristic reflex. Further the time relation and type of reflex obtained may vary greatly in the same person under slightly different conditions of the experiment. Again Hunter and Royle have stated that the spasticity associated with spinal cord lesions does not show plastic tone and that consequently such cases are unfit for sympathetic ramisection. It is difficult to determine any clinical difference between the spasticity found in the leg of a cerebral hemiplegic and that found in a spastic paraplegia in extension. As Walshe has pertinently inquired if in the absence of plastic tone there is no true rigidity how can spastic paralysis in extension occur from a spinal cord lesion?



have been given. To rely upon a patient's statement or upon the simple observation of a patient's limb following operation is not only untrustworthy but highly unscientific.

Kanavel, Pollock, and Davis performed ramisection and in some cases completely removed the sympathetic chains in the cervical or lumbar regions in cases of paralysis agitans, postencephalitic Parkinson's disease, spinal lateral sclerosis, cerebral hemiplegia, Little's disease, and spastic paraplegia in extension from a spinal cord lesion. All of the patients were normal mentally and had sufficient cerebral motor control to justify a removal of plastic tone. Careful kymographic and electromyographic records of reflex and voluntary actions were made before and after operation upon these patients. In addition motion pictures were used to determine any changes that might have occurred. The possible results of the operation were at no time discussed with the patient and physiotherapy was avoided since it was well known that many patients with the conditions mentioned are remarkably benefited by massage and electrical treatment. Today, about a year and a half after the operation, it is possible to confirm the earlier conclusion drawn that no change of any kind occurred in any of the cases. The character of the reflexes remains unchanged and all of the plastic tone phenomena continue undiminished. The experiments were consequently negative and failed completely to offer any confirmation of Hunter and Royle's work.

The position of these investigators was supported in a discussion of two cases operated upon in Boston by Royle. It was concluded by those present that no change of any note had occurred.

duces no effect on normal tone which can be observed or recorded. The onset and maintenance of decerebrate rigidity in cats is unchanged after the removal of the sympathetic innervation to an extremity. With the exception of Royle's work on goats, the evidence in the literature is in agreement on this point.

The problem of muscle tone is extremely complicated. One or many separate mechanisms may be responsible for changes in muscle tone. Because of this, the clinical application of any theory dealing with the components of muscle tone

passive motions and tremors before and after removal of the sympathetic nerve supply have shown no change in cases of paralysis agitans.

cessive plastic tone is present to an unusual degree. According to Hunter and Royle, patients with

to be determined

#### SUMMARY

#### BIBLIOGRAPHY

Idem Once more the innervations and the tonus of striped muscles Verhandel d k Akad v Wetensch 1919 xxi 1238

11

11

11

BOEKE J and BARENFF J G D The sympathetic innervation of the cross striated muscle fibers of vertebrates Verhandel d k Akad v Wetensch 1919 xxi 1229

11

11 Deves Am J Physiol 1918 xli 48

CROTHERS B FORBES A BAILLY P Cases treated by sympathetic ramisection by Dr N D Royle Arch Neurol & Psychiat 1925 xiii 638

DE BOER S De Bedeutung der tonischen Innervation fuer die Funktion der Quergestreiften Muskeln Ztschr f

11 m 10

k  
k

11 Neurol & Psychiat 1925 xiii 197

KULCHITSKY N Nerve endings in muscles J Anat 194 cviii 152 and civ 1

1

1

Id m 434

11 Part I

11 tzung des kufatur

MANMAY A Zur Frage der Abhaengigkeit des Muskeltonus vom Sympathischen Nervensystem Ztschr f Biol 1922 lxxiv 209

MANSFIELD G Ueber die Innervation und den Tonus der Quergestreiften Muskeln Arch f d ges Physiol 1917 clviii

MANSFIELD G and LUBACS Arch f d ges Physiol 1915 clvi 467

ROYLE N D The treatment of spastic paralysis by sympathetic ramisection Surg Gynec & Obst 1924 xxix 61

Idem A new operative procedure in the treatment of Med J

Id

111

POYLE N D and HUNTER J I The postural influence of the sympathetic innervation of voluntary muscle

11

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11 u 2101 Ztschr f Biol 1920 lxxi 226

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# ABSTRACTS OF CURRENT LITERATURE

## SURGERY OF THE HEAD AND NECK

### HEAD

Johnson F M Certain Difficult Problems in the Treatment of Carcinoma of the Lower Jaw  
*Radiology* 1925 v 280

When in cases with metastasis only the submaxillary group of glands is involved the author attempts to remove this chain along with the submaxillary salivary gland. When the deep cervical group is affected the nodes along the internal jugular veins are excised. The earlier the primary lesion and the

ease Leucoplakia chronic fissures and papillomata are precancerous in nature.

Bullroth's theory of the importance of chronic irritation in the production of cancer is well confirmed by the oral cavity. Irritation from the use of tobacco a poorly constructed denture syphilitic

### EYE

Pooley G H Operative Treatment of the Lachrymal Sac  
*Proc Roy Soc Med Lond* 1925 xviii  
 Sect Ophth 47

The author describes a quick operative method for the relief of dacryocystitis. The time required for the operation is only from five to ten minutes. An incision is made into the lachrymal sac through the skin the epithelium of the sac and nasal duct is

closed. The operation was per-

Knight M S Neoplasms of the Choroid  
*Am J Ophth* 1925 38 iii 791

On the hypothesis that various types of car-

names have been given to tumors of the choroid. Fuch describes fourteen varieties of sarcomata while Parsons refers only to those containing melanin.

tant to know whether or not the ratio between the general and arterial pressure is preserved. In

In about 200 eyes examined microscopically

Magitot A. and Bailliart P. The Circulatory Régime of Glaucoma. *Am J Ophth* 1925 35 VIII 761

this theory as they have found glaucoma in patients with a low blood pressure.

The intra-ocular circulation in the normal eye consists of the retinal and choroidal systems. The retinal system, the special function of which is to assure visual function, has one entrance, one exit, and no anastomoses. No important dilatation is possible in either the capillaries or the veins. The choroidal system, which nourishes the outer layers of the retina, regulates the ocular tension and is widely open with four great posterior channels and smaller anterior channels, constitutes almost the

In a person whose ocular tension and general arterial pressure are normal, the pressure in the branches of the central artery on the papilla ranges from 30 to 70 mm. Hg. Measured at as nearly the same point as possible, the venous pressure is in

and as long as the venous pressure can follow the rise and remain in equilibrium. As far as the retina is concerned, we know that neither obliteration of the central artery nor thrombosis of the central vein (in the beginning at any rate) brings about any

detectable hypertonia. The obstruction of the venous vessels or veins has a like effect.

2. In animals killed by bleeding, perfusion restores normal conditions.

3.  
4.  
tion

on concomitant with the state of the vessels. Many believe that the

differs  
blood  
retin

The authors believe the reverse may be true, that is



which curietherapy fails but the lesion remains operable he treats by surgery the X ray has given only poor results

In cancer of the posterior dorsal portion of the

plete cure

In curietherapy the radiation field must be as

rence of necrosis

In the case of adenoma of the thyroid gland the X ray is preferable

all cases of infralingual cancers In cancer of the posterodorsal portion of the tongue the X ray is preferable

External curietherapy must never be used with puncture The external method with the use of an external wax mould is now being employed

MANFORD R WALTZ M D

## PHARYNX

Dintenfass H and Greenbaum S S Pemphigus as a Beginning Tonsillar Manifestation *Laryngoscope* 1925 xxxv 758

The authors cite a case of pemphigus occurring in a male patient whose first complaint was dysphagia which had persisted for several weeks He was markedly nervous and complained also of salivation

There was a redness of the pharynx and

Blood Wassermann tests and examinations of smears for Vincent's organism were negative

The condition became progressively worse the

## NECK

Terry W I Goiter *J Iowa State M Soc* 1915 xv 544

adenoma is a type seldom found outside goiter districts Ninety five per cent of adenomata will produce toxic symptoms in time Such neoplasms

mos and a negative complement fixation test As the walls of the blood vessels in adenomata are thin hemorrhages occur easily in these tumors Hemor

The surgical treatment of exophthalmic goiter—the hyperplastic thyroid—has been distinctly modified by the preliminary use of Lugol's solution The benefit obtained by the administration of this solution outweighs the technical difficulties it causes However permanent recovery from the use of Lugol's solution does not

tion and closes it without drainage

MANFORD R WALTZ M D

Kimball O P Induced Hyperthyroidism *J Am M Ass* 1925 lxxxv 1709

in children the administration of 10 mgm of iodine weekly is a safe procedure

ARTHUR L SHREFFLER M D

Bartlett W Six Patients in Whom a Thyroidectomy and a Second Major Operation Are Indicated *Surg Clin N Am* 1925 v 1143

On the basis of six cases in which a thyroidectomy and another major operation were indicated the author lays down the following rules with regard to which operation should be performed first

1 Operate first on the lesion which is causing the more marked symptoms

2 The goiter should be removed at the primary operation if its presence is likely to interfere with inhalation anaesthesia required for the other operation

3 The thyroidectomy should be the primary operation if the condition is very toxic

4 Operate first upon a malignant lesion or any other lesion which is an immediate menace to life

5 Correct the other lesion before the thyroid condition if by so doing a patent source of infection will be eliminated

6 Operate for the other lesion first if its treatment will require a longer rest in bed than the thyroidectomy

the most important characteristic of the callus formed after parathyroidectomy is a deficiency in calcium and that therefore the cachexia parathyreopriva in the rat produces the same conditions as rachitis and osteomalacia in man

The author performed experiments on thirty

these conditions

#### ARTHUR L. SHREFFLER M.D.

Levin S. A Comparative Study of 100 Subtotal Thyroidectomies from a Single Goiter Zone  
*J Michigan State M Soc* 1925 xxiv 527

The patients whose cases are reviewed in this article lived in Houghton County Michigan. Most of the goiters were adenomata.

Levin emphasizes the fact that Lugol's solution should be used pre-operatively and postoperatively

typical adenomata

Pressure is more apt to be caused by deep or intrathoracic goiters than by those situated high. Tachycardia and tremor are present in all cases of toxic goiter.

The thyroid thrill was noted in only 50 per cent of the author's cases of toxic goiter. These were the most severe cases.

Severe toxic and intrathoracic goiters should be

radical treatment

ARTHUR L. SHREFFLER M.D.

Dieterich H. Callus Formation After Parathyroidectomy (Die parathyreoprive Callusbildung)  
*Arch f klin Chir* 1925 cxxxvi 358

of the callus is

the excretion of calcium

Besides its thymogenetic causation in young animals observations made to date indicate that calcium deficiency in callus is associated with some abnormal condition of the parathyroid glands.

ZUR VERTH (Z)

Collip J.B. A Parathyroid Hormone and Its Physiological Action *Ann Clin Med* 1925 iv 219

it has

factory provided tetany was controlled for a month

blood serum calcium in normal dogs. One unit is defined as one hundredth part of the amount of extract required to cause an increase of 5 mgm of calcium in the blood serum of a 20-kgm dog the

caused death preceded by a fall in the calcium curve and a typical train of symptoms such as vomiting diarrhoea and atony

removal of three parathyroids at operation was followed by the immediate onset of tetania parathyreopriva. The treatment with Collip's parathyroid extract and its effect on the blood serum

the potent extract of the hormone in cases with a subnormal calcium content in the blood serum and in cases in which a hypercalcaemia might be beneficial

MANFORD R WALTZ M D

by this means the patient can be kept free from symptoms and her blood serum calcium can be maintained at a normal level indefinitely. A later report on this case will be made if possible

MANFORD R WALTZ M D

Lissner H and Shepardson H C. A Case of Tetania Parathyreopriva Treated with Collip's Parathyroid Extract. *Endocrinology* 1925 11 383

Dean L W. The Teaching of Undergraduate Laryngology. *Laryngoscope* 1925 xxiv 735

Dean urges that the teaching of laryngology in the undergraduate medical schools be continued



# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

Morrissey E. J. The Effect of Magnesium Sulphate on the Cerebrospinal Fluid Pressure and on the Volume of the Brain *Arch Surg* 1925 **21** 778

The author conducted experiments for the purpose of determining the effects of magnesium sulphate on intracranial pressure. From his observation in six cases he concludes that the administration of 45 gm. of magnesium sulphate crystals by mouth does not cause a drop in the cerebrospinal fluid pressure in two hours.

In experimental animals a rise of pressure is noted

Le 17 " " " " " "

cause bon resultat pendant apres une phase post  
opératoire pénible et incertaine) *Bull et mém Soc  
nat de chir* 1925 **4** 784

recurring at intervals of hours days weeks or  
1 " " " " " "

volume is not changed " " " "

" " " " " "

" " " " " "

cranial pressure

The experiments show that hypertonic sodium

Postoperatively the patient presented complete

whole " " " "

appeared temporarily meaning on " "

methods gives the best results

STANLEY J. SEEGER M.D.

Subsequently (1893 to 1905) the attacks recurred but were less frequent less violent and not associated with loss of consciousness. The patient then

Combined lumbar and cistern puncture is indicated when manometric studies by lumbar puncture alone do not permit definite conclusions. In the authors' experience combined lumbar and cistern puncture was indicated in only three of fifty cases

visible but there was no pain at the site of the decompression

WALTER C BURKET M D

### SPINAL CORD AND ITS COVERINGS

Stookey B Merwarth H R and Frantz A M  
A Manometric Study of the Cerebrospinal  
Fluid in Suspected Spinal Cord Tumors *Surg  
Gynec & Obst* 1925 xli 429

The authors believe that in cases in which a spinal

have been made from the neurological examination alone by anyone with a knowledge of the clinical course of spinal cord neoplasms. The manometric findings merely offered evidence in support of the diagnosis

STANLEY J SIEGGER M D

subarachnoid block or the absence of obstruction

# SURGERY OF THE CHEST

## TRACHEA LUNGS AND PLEURA

Marquis J W An Experimental Study of the Markings Seen in Roentgenograms of the Lungs of Normal Dogs *Am J Roentgenol* 1925 xiv 247

the

Assmann is quoted as concluding from his experi

ping He injects it through the cricothyroid membrane only in the cases of children In adults he

weeks or longer

ARCHIBALD reports three cases in which thoracoplasty was followed by recurrence of

tion with the injection of lipiodol  
tion clearly

The author believes that lipiodol will show the indications for thoracoplasty more definitely and will be found of aid in the differential diagnosis of localized pneumothorax and intrapulmonary cavities

WILLIAM E. SHACKLETON M D

the lung was a change in the roentgenographic markings from the usual broad solid ramifying shadows of decreased penetration to fine delicate linear shadows that usually appeared in duplicate By the re

Jackson C Discussion on Overlooked Cases of Foreign Body in the Air and Food Passages Symptomatology and Diagnosis *Brit M J* 1925 ii 686

cases

Ballou D H The Injection of Lipiodol as an Aid in the X Ray Diagnosis of Bronchopulmonary Lesions Including Tuberculosis Preliminary Report *Canadian M Ass J* 1925 xv 905  
Archibald E X Ray Demonstration of Pulmonary Changes in Tuberculosis by Lipiodol Injection *Canadian M Ass J* 1925 xv 1000

BALLOU has found lipiodol a non irritating and non toxic preparation of great value for lung map-

present

The erroneous diagnosis of empyema is also common but though pleural involvement may occur and the feeding cases in found eration

lately frequently leads the physician to overlook the presence of a foreign body, particularly one which is soft, such as a particle of food.

There was no history of fainting, sore throat, or rheumatism.

At examination a loud blowing systolic murmur was heard over the entire precordium. This was loudest at the apex and transmitted to the axilla. There was evidence also of decompensation. The

#### initial symptoms

4. The occurrence of a symptomless period following the initial symptoms.

WILLIAM E. SHACKLETON, M.D.

#### Myerson, M. C. The Bronchoscopic Treatment of Lung Abscess. *Surg. Gynec. & Obst.* 1925 21: 573

From a study of thirty-two cases of lung abscess the author concludes that bronchoscopic irrigation is a relatively safe procedure and should be tried first.

issue surrounding the abscess prevents its collapse.

If the case does not respond by immediate improvement a surgical procedure more apt to bring about collapse of the cavity is indicated. When there is marked early improvement the condition usually progresses favorably provided the patient remains free from infection of the upper respiratory tract.

WILLIAM E. SHACKLETON, M.D.

#### HEART AND PERICARDIUM

Graham, E. A. Cardiolytic for Chronic Mediastino Pericarditis. *Surg. Clin. N. Am.* 1925 v 13: 96

The

In the case reported in this article operation was performed May 2, 1923. Under novocaine anesthesia the third, fourth, and fifth ribs were resected from the border of the sternum well beyond the heart.

At the end of three weeks there was great improvement in the patient's general condition with thorough cardiac compensation. Today two years after the operation the patient is earning his living by office work and is able to walk a mile without dyspnea.

The author believes that this is the first case operated upon before the appearance of ascites.

In conclusion Graham states that it is very important to remove the pericardium in order to prevent the formation of new bone.

CLAYTON T. ANDREWS, M.D.

#### ESOPHAGUS AND MEDIASTINUM

Osmond, J. D. Obstruction of the Esophagus. *Radiology* 1925 v 3: 12

This report is based upon sixty cases of obstruction of the esophagus. The three most common causes were cicatricial stenosis, spastic stenosis, and malignancy. The obstruction was partial or complete. In three cases there was partial compression stenosis due to an extrinsic cause. In one of these the extrinsic cause was a goiter; in another an aneurism; and in the third enlarged mediastinal

glands The one case in which a foreign body was present is classified with the eleven cases of cicatricial stenosis because of the large amount of scar tissue that had been formed as a result of the trauma of early attempts to remove the foreign body

In the ten cases of spastic stenosis in the series the condition was limited to the lower portion of the

an irregular outline to the barium meal in the absence of carcinoma

The author draws the following conclusions

1 About 60 per cent of cases of cesophageal obstruction are due to carcinoma the remaining 40 per cent can be cured

2 Benign stenosis will go on to complete obstruction if it is not treated Even cardiospasm may cause death from prolonged lack of water and nourishment

3 An X ray examination should be made in

Groover T A Christie A C Merritt E A  
and Coe F O Roentgen Ray Diagnosis and  
Treatment of Thymoma Report of Two Cases  
*J Am M Ass* 1925 lxxiv 112

The authors call attention to the difficulties in diagnosing mediastinal tumors and the frequency with which such tumors are overlooked Usually the correct diagnosis or even the diagnosis of mediastinal tumor is made first at autopsy

In the roentgen picture the presence of a thymoma is suggested by a clear flat non pulsating mass close to the anterior chest wall and without evidence of invasion of the surrounding structures

# SURGERY OF THE ABDOMEN

## GASTRO INTESTINAL TRACT

Karsner H T Peptic Ulcer of the Stomach

not yet been demonstrated beyond doubt. The persistence or chronicity of an ulcer depends upon a variety of factors, none of which can be said to operate in all cases. Probably several of them are associated. These include hyperacidity, stasis of

KARSNER discusses peptic round or simple gas

permanent deformity of the stomach Hyperæmia

ulcer areas in the mucosa and submucosa Chronic hypertrophic gastritis is a common

not called to per cent

Clinical pathological and experimental studies have not resulted in a final conclusion as to the origin of or the reasons for the persistence of peptic ulcer. The subject of the nature of the lesion, however, has been clarified by the study of fresh tissue removed at operation.

The investigation of gastric ulcers has been rendered difficult by the inaccessibility of the field, the abnormalities produced by rendering it accessible, the complexity of the nervous and vascular supply of the stomach, organ and fur

the development of such lesions and the relationship of ulcer to habitus diathesis, vascular (especially capillary) anomalies, the endocrine make up and disharmonies of the vegetative nervous system suggest a constitutional predisposition to gastric ulcer.

On the other hand, the importance of environmental influences acting directly or indirectly upon predisposed areas of the gastro intestinal tract is suggested by the predominant localization of ulcers in a special narrow pathway in the stomach, in the first portion of the duodenum, and at or near the margins of gastro enterostomy openings, the differences in the fate of acute erosions occurring in the regions mentioned and of erosions occurring elsewhere, where the relationship of ulcer to the degree of acidity of the fluids that bathe the parts and the

A striking feature of nearly all cases in which a diagnosis of gastric or duodenal ulcer is made is the long history of subjective digestive disturbances. The majority of patients with such a lesion suffer

When the lesion is at the cardiac orifice the pain may be noted during the swallowing of coarse food. When the lesion is at the lesser curvature the pain may not be noted until from a few minutes to an hour after the ingestion of food. When the ulcer is near the pylorus the pain may be still further delayed (though usually it occurs within two hours after the meal) and is sometimes relieved by vomiting or gaseous regurgitation.

primary disposition of such establish

glands. The one case in which a foreign body was present is classified with the eleven cases of cicatricial stenosis because of the large amount of scar tissue that had been formed as a result of the trauma

an irregular outline to the barium meal in the absence of carcinoma.

The author draws the following conclusions:

1. About 60 per cent of cases of esophageal obstruction are due to carcinoma; the remaining 40 per cent can be cured.

2. Benign stenosis will go on to complete obstruction if it is not treated. Even cardiospasm may cause death from prolonged lack of water and nourishment.

3. An X-ray examination should be made in

fort than gastrostomy

Groover T A, Christie A C, Merritt E A, and Coe F O. Roentgen Ray Diagnosis and Treatment of Thymoma. Report of Two Cases. *J Am M Ass* 1925 lxxiv 1123.

The authors call attention to the difficulties in diagnosing mediastinal tumors and the frequency with which such tumors are overlooked. Usually the correct diagnosis or even the diagnosis of mediastinal tumor is made first at autopsy.

deep X-ray therapy was rapidly followed by improvement in the symptoms and a decrease in size of the tumor.

WILLIAM E SHACKLETON M D

enterostomies and twelve of seventy one operations with pyloric occlusion

Walton condemns partial gastrectomy for duodenal and pyloric ulcer even ulcers of the lesser curvature because of the possibility of late after effects the higher mortality rate of this procedure and the fact that marginal ulcers follow partial gastrectomy by the Pólya and Billroth II techniques as frequently as simple gastro-enterostomy

Gastrojejunal ulcer is more likely to develop in cases with high acidity before and after gastro enterostomy

The symptoms appear early and at first are mild and periodical They then gradually increase in severity the patient returning for relief three or four years after operation or in some cases as late as ten or fifteen years When the symptoms are well defined they are similar to those of duodenal ulcer The pain comes on late after the ingestion of food often awakening the patient at night Not infrequently it radiates into the left groin and is rather diffuse Hemorrhage is not common The roentgenological findings may be questionable

Hurst A F A Chronic Tuberculous Ulcer of the Stomach *Guy's Hosp Rep* Lond 1925 lxxv 428

in the swallowed sputum

CARL R STEINKE M D

Elliot LeWald L T McCreery J A Woolsey G and Others Gastro Enterostomy for Pyloric Ulcer Six Years After Operation *Ann Surg* 1925 lxxxii 664

ELLIOT presented before the New York Surgical Society a woman who had a gastro enterostomy six years ago for duodenal ulcer near the pyloric ring This operation was followed by a good recovery One year ago the patient returned with symptoms of enteroptosis A roentgenogram

another series of roentgenograms it was found that the ulcer had completely

disappeared and that both the stomach and the gastro enterostomy orifice were working satisfactorily

it is necessary for the

the other cases gastro enterostomy is necessary

Woolsey reported that he has had to re operate in many cases in which simple closure of a perforated ulcer had been done without a gastro enterostomy He therefore believes that

LEWISOBY

LEWISOBY stated that the question as to whether gastro enterostomy should be added to closure in cases of perforated pyloric or duodenal ulcer must be decided on the basis of the conditions in the particular case A gastro-enterostomy should be done if there is a constriction of the pylorus after closure of the perforation

POOL has found that gastro enterostomy requires suturing may

Verbrugge J Gastrojejunocolic Fistulae *Arch Surg* 1925 xi 790

Two hundred and two cases of gastrocolic and jejunocolic fistula are reviewed and fourteen new cases

Fistul the ca memb abnorm often at the

In the formation of a fistula following gastro enterostomy there are four periods (1) the ulcer period (2) the period of relief following

weight The stool may contain undigested food



In duodenal ulcer the pain usually occurs from two to four hours after the ingestion of food or during the night and if the ulcer is uncomplicated is immediately and completely arrested by the taking of food

Nausea and vomiting are more frequently associated with gastric than with duodenal ulcer but are characteristic of neither

The general physical examination is more helpful

the traces for occult blood in the stool

treatment for a few days

The symptoms of concealed perforation and organ penetration are difficult to interpret without roentgen ray examinations. Roentgenological studies are of the utmost importance in confirming and extending the diagnostic data

With regard to treatment Barker states that as knowledge and experience have increased the indications for operation have been on the one hand and for

operation on the other. The symptoms and signs are the most successful operations

The clinical history of the case and if possible the details of the operative procedure should be known to the roentgenologist

In Case's surgical work all patients upon whom a gastroenterostomy was performed

through the nose by the aid of a small catheter

and administered that it will not of the It must be of great value

ga

Walton A J Gastrojejunal Ulcer *Lancet* 1925 ccix 800

The author's statistics and those of others indicate that gastroenterostomy

rest in the case of psychic influences. In mild cases the period of absolute rest need not be prolonged

Drugs have their place in ulcer therapy but their value has been overestimated and the amounts used have been excessive. The free use of alkalis is associated with the danger of intoxication. Remedies for the relief of spasm (belladonna, hyos-

r  
/  
astio  
mach  
w and  
volve  
ty or

according to Bennett is very common in carcinoma of the stomach

Twenty three of the cases showed delay in empty

examined for occult blood the guaiac test was positive in thirty five

In forty four cases a fluoroscopic examination was made after an opaque meal Twenty two showed definite evidence of carcinoma while eight were reported normal in every respect In the remainder the findings were variable

In 44 per cent of the cases there was a history of gastric trouble of some kind for more than a year while in 36 per cent the history of such trouble did not extend further back than one year

Removal of the growth was done in nine cases In the remainder it was found inoperable or impossible because of the patient's poor general condition the presence of secondary deposits or the extent of infiltration of the growth into the surrounding tissues

Brief notes are given on each of the fifty cases

CARL R. STEINKE M.D.

Lower W. E. and Higgins C. C. Retroperitoneal Hernia *Ann Surg* 1925 lxxvii 576

Retroperitoneal hernia may be divided into four groups duodenal pericæcal intersigmoid and those formed by herniation through the foramen of Winslow

The symptoms of paraduodenal hernia are those of chronic or acute intestinal obstruction Distention nausea vomiting belching and constipation are

little aid in the diagnosis

The treatment indicated is surgical reduction of the hernia Injury to the large vessels at the neck of

occupies the right half of the abdominal cavity the orifice is situated behind and to the left of the sac on the lumbar vertebrae and either the superior mesenteric artery or a continuation of the ilioocolic artery is to be found in the anterior margin of the sac

steady dull epigastric pain

Physical and X ray examinations were negative When the abdomen was opened no small intestine was visible but coils could be seen through a layer of peritoneum Investigation revealed that all of the intestine in this region was enclosed in a large hernial sac The mouth of the sac was toward the left Its posterior boundary was formed by the lumbar vertebra covered by peritoneum and in the anterior margin by the mesocolic sac

hernia was reduced the neck of the sac was closed with a catgut suture and the fundus was removed The patient made an uneventful recovery and has had no return of symptoms

HARRY W. FINE M.D.

Kantor J. L. A Clinical Study of Some Common Anatomical Abnormalities of the Colon II The Low Cæcum *Am J Roentgenol* 1925 xiv 207

THIS ARTICLE is based on 100 anomalies encountered in 554 patients complaining of various gastrointestinal symptoms who were studied with the aid of the barium meal The observations were made nine hours after the barium meal A cæcum was called low when it had prolapsed half way or more into the pelvis as seen in the dorsoventral film taken with the patient in the supine position

Brown F. R. Right Duodenal Hernia With a Report of a Case Successfully Operated on the Fourth Recorded Recovery *Bril J Surg* 1925 xli 36

To date not a single case of duodenal hernia on the right side has been diagnosed before operation or autopsy According to Moynihan the sac always

presents an asthenic subject and an easily palpable gurgling tender cæcum The positive diagnosis is made by roentgen examination

In most cases proper conservative medical care gives relief or a cure Rest abdominal support and

Masses or adhesions may form a palpable tumor. Tenderness may be noted and there may be visible peristalsis.

The diagnosis depends chiefly upon the occur

by the charcoal. He has never seen a case of cancer of the stomach or colon in which occult blood was not present. In the cases reviewed the guaiac test was positive in 100 per cent and the pectroscopic test was positive in 91 per cent.

Hurst is an advocate of medical treatment for gastric and duodenal ulcer so long as there is no hour glass contraction or pyloric obstruction. If the

observation

has been reported case of cancer

ment elsewhere

Of the 122 patients many were operated upon without any preliminary investigation or were admitted in such poor condition that investigations were impracticable before death occurred. There remained fifty cases in which the diagnosis was confirmed and sufficient investigation was done to

Lyon B B V and Swalm W A The Therapeutic Value of Non Surgical Drainage of the Biliary Tract *J Am Med Ass* 1925 lxxxv 1541

OPRE calls attention to the ability of the liver to select from the blood stream and fix within itself the

sinusoids the liver fixes insoluble inorganic particles many kinds of organic particles such as bacteria and

injuriously agents which enter the gastrointestinal tract and prevents their entrance into the systemic circulation

Fixation of injurious substances may cause destructive changes and permanent lesions in the liver

McCLURE MENDENHALL and HUNTINGER outline some of the principal results of correlated studies on the functional state of the liver in the

tion the liver is stimulated by oleic acid and the resulting bile is collected from the duodenum by

and favorably to produce clinical amelioration of disease For good results however considerable experience is necessary

LYON and SWALM describe three vicious circles in chronic gall tract disease

The first is dependent upon the lymphatic drainage between the gall bladder liver and pancreas especially in cases of mural or interstitial chol cysti

non surgical measures were used

J FRANK DOUGHTY M D

Greene C H McVicar C S Walters W and Rowntree L G Diseases of the Liver IV Functional Tests in Cases of Carcinoma of the Liver and Biliary Tract *Arch Int Med* 1925 xxxvi 542

The determination of the serum bilirubin and the phenoltetrachlorophthalein test promise to be of very definite assistance in the study of cases of abdominal carcinoma and suspected malignant disease of the liver The greater number of the other tests for hepatic function which were studied by the authors failed to show significant changes or sufficiently specific changes to be of any great clinical value

When extension of the malignant process to the liver is accompanied by jaundice as from obstruction of b

is differentiated by these tests from obstructive jaundice

It is in the study of patients with carcinoma involving the liver and without jaundice that functional tests and particularly the phenoltetrachlorophthalein test are of the greatest value In cases in which there was clinical evidence of malignant disease of the liver confirmatory results were obtained by functional studies in the absence of

the administration of oil by mouth or by small enemata are indicated I EDWARD BISKOW M D

**Rochet and Thévenot Appendicitis and Diseases of the Right Kidney** (Appendicite et affections du rein droit) *J d urol méd et chir* 1925 xiv 546

A relation between appendicitis and kidney lesions has been under investigation for a long time The authors state that 6 per cent of their patients with renal infection have an appendectomy scar Such cases may be divided into three

MAISONNET reported that eight of every ten of his patients with hydronephrosis on the right side had

# LIVER GALL BLADDER PANCREAS AND SPLEEN

**Carlson A J Physiology of the Liver Present Status of Our Knowledge** *J Am M Ass* 1925 lxxxv 1468

The author reviews the methods employed in the

"

liver  
The most important factor in carbohydrate

urethritis with no other conditions observed are nephritis tuberculo-  
sis and perinephritic abscess

Hematuria alone or with pyuria may occur in either acute or chronic appendicitis The cause is usually direct infection of the ureter reflex renal congestion or hemorrhagic nephritis and less frequently infarction of the kidney or toxemia The congestion may depend upon the well known connections between the renal and intestinal blood supplies

of the richly hematogenous or

**Renal tuberculosis and tuberculous appendicitis**

great number of substances artificially introduced

the  
ge  
cholagogues besides foods acid gastric  
bile salts and whole bile

the appendix

In the discussion of this report MARION suggested that there may be a relationship between movable

Op: physiology of the

McC

Lyon B B V and Swalm W A The Therapeutic Value of Non Surgical Drainage of the Biliary Tract *J Am Med Ass* 1925 lxxxv 1541

Orr calls attention to the ability of the liver to select from the blood stream and fix within itself the various substances that are foreign to the normal

sinusoids the liver fixes insoluble inorganic particles many kinds of organic particles such as bacteria and

der them harmless

The liver removes from the portal blood many injurious agents which enter the gastro intestinal tract and prevents their entrance into the systemic circulation

Fixation of injurious substances may cause destructive changes and permanent lesions in the liver

McCLURE MENDENHALL and HUNTINGER outline some of the principal results of correlated studies on the functional state of the liver in the

tion the liver is stimulated by oleic acid and the resulting bile is collected from the duodenum by

sodium sulphate was proved to have a depressant or stimulating effect upon liver function depending upon

The drug fixed the liver produce clinical amelioration of disease For good results however considerable

especially in gall bladder liver and pancreas

The third vicious circle is the absorption of the toxic bile by the

surgical measures cannot be undertaken in epidemic hiccough in cases of persistent biliary fistula in jaundice following arsphenamine treatment in simple catarrhal jaundice in early gall bladder and gall duct catarrh in gall tract disease associated

non surgical measures were used

J FRANK DOUGHTY M D

Greene C H McVicar C S Walters W and Rowntree L G Diseases of the Liver IV Functional Tests in Cases of Carcinoma of the Liver and Biliary Tract *Arch Int Med* 1925 xxxvi 542

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clinical evidence of hepatic involvement the phenol tetrachlorophthalein test may furnish the only evidence of the presence of metastatic nodules in the liver

Positive tests are not obtained in all cases of metastatic involvement of the liver since positive tests are a measure of the interference with the activity of the liver as a whole and the liver is an organ with a large margin of safety. For this reason however positive tests become doubly significant

Mann F C Modified Physiological Processes Following Total Removal of the Liver *J Am Med Ass* 1925 lxxxv 1472

The blood sugar decreases from the instant the

Andrews C F Gall Bladder Disease *Kellogg's State M J* 1925 x 363

Andrews summarizes the chief points in the diagnosis and surgical treatment of diseases of the biliary tract

The thin walled gall bladder is made up of elastic tissue and a small amount of unstriped muscle fiber. It has a narrow eccentrically placed outlet and a

anastomoses

The frequency with which pancreatitis is associated with biliary disease is explained largely by the free anastomosis between the lymphatics of the

The nerve supply of the gall bladder is made up of the sympathetic fibers from the coeliac plexus corresponding to the lower six thoracic segments of the cord fibers from the vagus and occasionally sensory fibers from the phrenic nerve. These connections

storage and concentration of bile during meal and its ejection after meal. The ejection of bile is dependent more upon outside pressure such as

above normal in the hepatectomized animal the

urine

— a — m — l — g — flow — n — g

gall bladder There is a rise in the pulse and respiratory rate the temperature and the number of white blood cells

Chronic cholecystitis is the most common form of gall bladder disease

Signs of hepatitis seen at operation are of two types dull gray patches on the liver near the gall bladder and milky white lines of varying length breadth and prominence The lines are due to inflammation and subsequent cicatrization of the

laden urine a leucocytosis and often a loss of weight

Miller C. J. Some Practical Observations on Gall Bladder Disease *New Orleans M & S J* 1925 LVIII 223

This article reviews the results obtained in 108 of 128 cases of gall duct disease recently operated upon

hypertension common duct obstruction hepatic damage auricular fibrillation arteriosclerosis by

strating the presence of pus cells bacteria and

lack of pain

Next to the symptoms in diagnostic importance is the X ray which has become more useful in these cases since the work of Graham The blood chemistry is also of aid

Operation should be performed as soon as the diagnosis is made since the earlier the operation is done the simpler the procedure and the more successful

fecal

Walters found that the cause of postoperative

colotomy and states that in the absence of definite contraindications he prefers cholecystectomy

Of the 108 cases reviewed a cholecystectomy was performed in eighty six and a cholecystotomy in twenty two A cure was obtained in 69 per cent of each group With regard to the cases in which the outcome was less favorable the author states that a better result would probably have been obtained if the patient had been under the care of an internist after the operation There were two deaths in the 108 cases a mortality of 1.6 per cent

I. EDWARD BIRKOW M.D.

Coffey R. C. Surgery of the Gall Tracts *North West Med* 1925 XLV 479

T

gall bladder is the

intended duct across the duodenum An anastomosis between the duodenum and jejunum was made and the common bile duct was opened and drained White or colorless bile was found In Coffey's opinion the jaundice may have been due to the great distention of the duodenum After the operation the



clinical evidence of hepatic involvement the phenol tetrachlorophthalein test may furnish the only evidence of the presence of metastatic nodules in the liver

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Mann F C Modified Physiological Processes Following Total Removal of the Liver *J Am M Ass* 1925 lxxxv 1472

The nerve supply of the gall bladder is made up of

hypoglycæmia The proper administration of glu

above normal in the hepatectomized animal the

active are excreted in the urine Uric acid is not destroyed but accumulates in the blood and tissues or if renal activity is maintained is excreted in the urine

In the hepatectomized animal a yellow pigment accumulates which gives a positive reaction to the accepted chemical tests for bilirubin and produces the same curve of light transmission with the spectrophotometer

hypochochondrium

In acute obstructive cholecystitis there is a steady severe boring pain in the epigastrium or the right  
the right  
eathing  
aphro  
re right  
lly pre  
tender

operation These findings were more marked after

Campbell J M H and Warner E C The Results of Splenectomy for Acholuric Jaundice Especially the Changes in the Fragility of the Red Blood Corpuscles *Gy's Hosp Rep Lond* 1925 lxxv 432

rabbits a fact suggesting that the increase in the erythrocytes at this period of time was due to the persistence of the old blood cells which would have been destroyed if the spleen had not been removed

3 In more than half of the rabbits the increase in the erythrocytes two or three months after the splenectomy was associated with a slight increase in their resistance to hypotonic saline solution The resistance of the rabbits to saponin was apparently unchanged

4 The white cells especially the leucocytes were increased in the first week This increase was evidently of inflammatory origin being more marked and persistent after partial splenectomy

HARRY W FINE M D

Following a brief review of the literature on acholuric jaundice the authors report four cases Two of their patients were a brother and sister and one was

the resistance of the red corpuscles to hæmolysis much more than splenectomy usually does and only very rarely if at all bringing the fragility back to normal In familial acholuric jaundice the abnormal fragility is probably the underlying inherited factor and the overactivity of the spleen is produced by extrinsic causes

CARL R STEINKE M D

bile gradually became yellow and the jaundice disappeared

In the second case the X ray showed the shadows of gall stones. At operation stones were removed from the cystic and common ducts the gall bladder was removed and the common duct was drained

epigastric pain. Drainage of the common duct was followed by prompt recovery. The author believes that the dilatation of the common duct was due to the intra intestinal pressure which is greater than the pressure within the bile duct.

In the fourth case the common duct was markedly dilated and contained several large stones but there was no jaundice.

In conclusion Coffey states that for the proper evaluation of the findings of the Graham dye test clinical judgment is necessary.

H HOYT COX M D

later after severe melæna

Lecene who reported the case to the Surgical Society believes that the condition was a splenomegaly from pylephlebitis—that a subacute or chronic infection originating perhaps in the digestive tract became localized in the splenic vein and that the phlebotic processes extended to the veins of the portal system.

It is not surprising that in such a case splenectomy was without effect. Even in cases of primary splenomegaly without thrombophlebitis of the splenic or portal vein splenectomy is not always successful.

Lecene reported a case of splenomegaly with gastric pain and hæmatemesis in which a diagnosis of primary splenomegaly probably of the Banti type with anemia and asthenia was made and splenectomy was performed.

The patient recovered promptly and when seen

The authors report the autopsy findings in the

hæmorrhage

was analogous to the case seen by Lombard, Dumolard and Goinard except that its course was more chronic.

As it is impossible to distinguish definitely between splenomegalies that are primary and those that are due to phlebitis of the portal system splenectomy in all such cases is more or less experimental.

AUDREY G. MORGAN M D

Mole R H. Observations on the Blood Cells of the Rabbit After Splenectomy. *J Path & Bact* 1922 22: 637

The author removed the entire spleen or half of it from seventeen rabbits and studied the effect of the operation on (1) the number of erythrocytes (2) the number of leukocytes (3) the

found

The authors believe that the conditions mentioned such as the cystadenomata of the pancreas

formed

HARRY W. FINE M D

Lombard, Dumolard and Goinard. A Study of Splenomegaly with Hæmatemesis. (Contribution à l'étude des splénomégales avec hématoméses). *Bull et mèm Soc nat de chir* 1925 11: 631

The findings are summarized as follows

1. Removal of all or half of the spleen from adult rabbits usually produced at once a decrease in the number of erythrocytes. In about a week these cells began to increase and after about two months they were usually more numerous than before the

operation. These findings were more marked after partial splenectomy.

2 The erythrocyte decrease was associated with a considerable reticulocyte increase during the first two weeks, suggesting increased hematopoiesis. After two months, however, the reticulocytes were considerably less numerous than in the control rabbits, a fact suggesting that the increase in the erythrocytes at this period of time was due to the persistence of the old blood cells which would have been destroyed if the spleen had not been removed.

3 In more than half of the rabbits the increase in the erythrocytes two or three months after the splenectomy was associated with a slight increase in their resistance to hypotonic saline solution. The resistance of the rabbits to saponin was apparently unchanged.

4 The white cells, especially the leucocytes, were increased in the first week. This increase was evidently of inflammatory origin, being more marked and persistent after partial splenectomy.

HARRY W. FINK, M.D.

Campbell J. M. H. and Warner E. C. The Results of Splenectomy for Acholuric Jaundice. Especially the Changes in the Fragility of the Red Blood Corpuscles. *Guy's Hosp. Rep. Lond.* 1925 lxxv 432.

Following a brief review of the literature on acholuric jaundice the authors report four cases. Two of their patients were a brother and sister and one was a first cousin of the brother and sister.

Acholuric jaundice is characterized by increased

by extrinsic causes

CARL R. STEINKE, M.D.

# GYNECOLOGY

## ADNEXAL AND PERIUTERINE CONDITIONS

Ricard A and Lecomte H Acute Peritoneal  
Forms of Tuberculosis of the Adnexa (Forme  
péritonéales aiguës de la bacillo é annessuelle)  
*Gynec et obst* 1925 xii 43

The authors discuss the different types of peri-

lesion

Another type of peritoneal reaction to adnexal

tive lesion must be removed

AUDREY G MORGAN M D

Sch C M D of the Corps

The sexual life of woman is regulated by the  
ovaries particularly through the follicular apparatus

deposition of fat)

During pregnancy an analogous phenomenon

gland

hypoplasia and infantilism of the sexual  
organs. The cervix is generally long atrophied and  
pointed, contrasting therefore with the large metritic

derived and of which functionally it may be a continuation

The protective action of the ovary with regard to the genital tract and the secondary sexual characters probably belongs to the follicular apparatus. It is possible however that the thecal gland contributes secondarily.

In all cases the thecal gland disappears completely soon after the cessation of evolution of the follicular apparatus.

The changes of puberty are due to the follicular apparatus in which at this time certain elements arrive at their maximal growth and undergo dehiscence. At this period the external secretion of the ovary is established and thereafter has a definite rhythm.

In animals the phenomenon of heat is due to the growth of the follicles. After dehiscence of the follicles a new derivative of the follicle the corpus luteum is formed from the membrana granulosa. It appears that the corpus luteum continues the protecting influence of the follicle as regards the uterus particularly that which concerns the mda

of the primates. It may also be analogous to the flow which appears in certain mammals toward the end of rut at the time of the evolution of the follicles which are about to undergo dehiscence. If these assumptions are correct in woman as in the primates the beginning and the end of the cycle in the uterine mucosa overlap and the appearance of menstruation is a sign that conception has not taken place and that the new possibility of its occurrence is again present.

Luteinic opotherapy cannot be of any specific use as long as the active principle of the corpus luteum remains unknown.

In conclusion the author suggests that the follicular apparatus and its two derivatives may have a reciprocal antagonism.

SALVATORE DI PALMA M.D.

Biedle A Peters H and Hofstaetter R At

#### LXXVIII 495

The purpose of the experiments reported in this article which were carried out in the period from 1911 to 1913 was to study the hormonal function of the interstitial gland of the ovary by isolating its cell complex through destruction of the follicular apparatus and corpus luteum. The methods for the

changes in the mammary glands at the beginning of pregnancy are only those of the end of rut. They are then at their maximum and do not vary during gestation. From the beginning of the second quarter of gestation the presence of the corpus luteum is no longer necessary to assure the required development of the mammary glands.

When conception does not occur the corpus luteum retrogresses and the uterine mucosa and mammary glands undergo involution. It has not yet been determined definitely whether these changes are produced by the regression of the corpus luteum. As in certain animals their evolution occurs in spite of the absence of a corpus luteum their involution may also occur under the same conditions.

In the lower animals the dehiscence of the follicle occurs at the end of rut (oestrus) in a comparatively short but variable time. In woman the dehiscence occurs usually after the end of menstruation between the eighth and fourteenth days or between

#### ON THE VAGS

The hormonal activity of the damaged ovaries

chiefly negative pregnancy seldom occurred and among the animals already pregnant abortion was frequent. There was no increase in the interstitial glands.

Removal of the uterus also was without positive results. Cauterization of the corpus luteum with n

that the principal purpose of the two cycles is to prepare for conception and nidation. The rôle of the ovular cell in the different phases of follicular evolution is still obscure.

ated upon on the eighteenth and twenty fifth days respectively. In a period of three or four months following the cauterization the animals did not become pregnant.

influence on the course of pregnancy. Animals from three to five weeks old succumbed to more than one minute of freezing. Freezing continued for from fifteen to forty five seconds did not prevent normal

ovaries had any influence on the further course of

After the ninth day pregnancy was uninfluenced by castration. In irradiated animals irradiated ovaries healed in with great difficulty perished quickly and were entirely ineffectual against the approaching atrophy. Fecundated ova transplanted into animals exposed to the X ray previously or afterward or into animals whose ovaries had been replaced by irradiated ovaries did not develop further.

The article contains numerous excellent illustrations. FLEISCH (G.)

**Tuffier T. and Bour D. Ovarian Grafts: Experimental and Clinical Results with Regard to Menstruation, Fecundation and Pregnancy.** (Greffes d'ovaires: résultats expérimentaux et cliniques concernant la menstruation, la fécondation et la grossesse.) *Presse méd.* Paris 15 XXXIII 1973.

The implantation of free ovarian grafts especially autogenous grafts during the sexual life of woman has a very favorable influence upon the general

issue

formed on patients ranging in age from 16 to 30 years. SALVATORE DE PALMA, M.D.

# MISCELLANEOUS

Saint Paul, 1925

1925 x 402

In this forty page article fourteen cases of in

passed out

From twelve to fourteen days after impregnation neither castration nor the implantation of irradiated

present in one or both ovaries in the absence of an endometrial cyst or hæmatoma. In the remaining case endometrial tissue was not found in either ovary.

The author believes that in all of the eight cases

face of the peritoneum or the perforation of an ovarian hæmatoma. In one case venous or lymphatic metastases from a possible primary uterine endometriosis may have been responsible for some of the superficial endometrial lesions of the uterine wall.

In three cases of inguinal endometriosis the structure of the endometrial elements was identical with

trophy of tissues of the groin. The reacting tissue was for the most part connective tissue with very little smooth muscle. In all three cases the nodule in

ment. In the third specimen the endometrial tissue occupied the region of a femoral hernia and was densely adherent to the anterior surface of the femoral vein.

In two cases peritoneal endometriosis was present. In the third case gross evidence of peritoneal endometriosis was absent. The pelvic organs were inspected but not removed. The uterus was found slightly enlarged and a small leiomyoma was dis-

was must be considered in this instance i.e. from a primary uterine endometriosis or from endometrial tissue escaping into uterine vessels during menstruation.

A study of pelvic endometriosis as a whole suggests that at times metastasis occurs through the lymph vessels and possibly through the vein and that endometrial tissue may reach the groin and other parts of the body through these channels.

Possibly inguinal endometriosis may be secondary to endometriosis in the pelvis. If so it may arise from (1) metastasis through lymph vessels

abdominal inguinal ring (3) metastasis from the direct invasion of the uterus or tube by their mucosa with extension to the superficial lymphatics and veins and also from endometrial tissue escaping into the uterine vessels during menstruation or (4) implantation in a hernial sac. E. L. CORWELL M.D.



# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

Schickelé G The Fôle of the Placenta in the Maternal Organism (Le rôle qui revient au placenta dans l'organisme maternel) *Gynéc et obst* 1925 xii 5

It is generally believed that the placenta is an organ of nutrition. It seems certain that a large number of products of the maternal metabolism

examination the cervix was found patulous and the uterus the size of a two months pregnancy. A

whether the placenta is responsible for the physiological changes occurring in the maternal organism during pregnancy. From the investigations made to date it is still impossible to prove that the placenta

luteum was found. The abdominal incision was closed without drainage.

## LABOR AND ITS COMPLICATIONS

Kennedy C A Case of Unusually Slow Fetal Heartbeat During the First Stage of Labor *Edinburgh M J* 1925 xxxii Tr Edinb Obst Soc 166

It seems certain that in pregnancy the uterine muscle and its nerves are in a state of increasing excitability and it is possible that this condition is related to the maintenance of the calcium metab-

forty four hours the woman was anesthetized and episiotomy was done the membranes were rup-

Page 100

100

chir 1925 i 101

The patient whose case is reported was a 33 year old nullipara. Several months before she was seen

1925 xlix 1226

According to the statistics of Sarwey and Hofer the total mortality following the early induc-

mination of the capacity of the pelvis and (3) as to the size of the

pass through  
vered ter  
calculation

The authors include in their article a chart which shows the minimal number of grams by which the weight of the average mature child weighing 3200 gm. must be reduced for each degree of contraction of the pelvis as shown by measurements at the conjugata vera.

The capacity of the pelvis is determined by measuring the conjugata vera with Zangemeister's verameter. By means of this instrument it is possible to determine this measurement during pregnancy within 1 or 2 cm.

The size of the child has been determined for

is then examined at increasingly shorter intervals in order to watch the growth of the fetus. As soon as the child reaches the greatest allowable size labor is induced by means of Zangemeister's verameter.

By this method the authors have reduced the total number of

Rossler G. The Indications for Pubiotomy: the Procedure of Choice (Des indications des pelviotomies choisies des procédés) *Gynec et obst* 1925 XII 167

When the conjugata vera is between 6 and 6.7 cm. some type of intervention is usually necessary and lesions of the soft parts are common. Midwives should be taught to estimate the dimensions of the pelvis by touch and when they suspect a patient to have a contracted pelvis they should refer her to a physician.

The indications for pubiotomy are as follows:

vera between 9 and 11 cm. delivery occurred spontaneously.

tion is slow after rupture of the membranes when there is little dilatation in a period of three hours.

ected

Since subcutaneous pubiotomy has been prac

Primiparity is not a contra indication to pubiotomy if the operation is reserved for cases in which

ation  
with

is resorted to enlarge the pelvis permanently in the non pregnant state the Potter de Costa or Rotter Mangiagalli operation may be used.

SALVATORE DI PALMA M.D.

Rittershaus G. Forceps Deliveries and Infant Mortality (Zangenfrequenz und Kindersterblichkeit) *Monatsschr f Geburtsh u Gynask* 1925 LXIX 182

The author criticizes the bases of Meyer's conclusions regarding the relation of forceps deliveries

the fetus had the minimal measurements mentioned the forceps were used in 1491 (83.2 per cent). Sixty-four and four tenths per cent of the women delivered with the forceps were primiparae and more

infantile deaths was 6.8 per cent.

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ergot. A deep symphysiotomy is not to be recommended to the general practitioner with little experience.

Indications on the part of the mother for forceps delivery are weak labor pains and prolonged labor.

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puls. of under 100 in any single interval between labor pains and the excretion of fresh meconium with simultaneous weakening and irregularity of the heart sounds. Since the observance of these indications the frequency of forceps delivery has increased but the infant mortality has decreased and there has been no increase in the maternal morbidity or mortality. KOERTING (G)

Wagner C. A. The B. ...

95, 111, 121

In the Prague Clinic during the last eight years there were forty one cases of fetal syphilis.

An important factor in the expulsion of the placenta is the previous course of the labor. Of the forty one women whose cases are reviewed five were delivered in the Clinic and four of these five were free from fever. The one exception had fever for only a day. In the thirty six cases in which delivery occurred outside the Clinic the mortality was 30 per cent and the morbidity 69 per cent. In those in which internal manipulations were made during labor the mortality was 40 per cent while in those in which delivery occurred spontaneously it was 22.6 per cent.

the placenta an energetic attempt has been made to use the Credé method. Before the adoption of the

Mojon Gabaston procedure at the Prague Clinic.

whether the placenta is ...

thickness of the tissue

Covered (G)

# NEWBORN

Briand and Solandt

The ...

Ekehorn G. Fetal Syphilis. *Acta med Scand* 1935  
Supp. xi.

In this monograph the pathological findings in fetal syphilis are explained on a physiological basis.

but are not described in detail Cases of fetal

is little or no reaction while in infected living children there are few spirochaetes but the reaction is marked

As a general rule women with syphilitic endometritis give birth to infected infants The fetal morbidity varies directly with the severity of the endometritis as the spirochaetes enter the placenta at exactly the same rate as they enter the endometrium

fetus at the time of the infection there is a corresponding increase of reactive tissue In the still

The essential pathological changes usually con

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SAMUEL J FOGELSON M D

# GENITO-URINARY SURGERY

## ADRENAL KIDNEY AND URETER

Pyeloscopy has an advantage over pyelography in that it makes possible a study of the motility of the

Contractions were seen in some of them but not in

is a very marked relation between the degree of infection and the retardation of evacuation. This may be because the infection retards the evacuation or because when the motility is normal the pus drains well and infection develops less readily. It is probable that infection and disturbance of motility form a vicious circle each aggravating the other.  
AUDREY G. MORGAN M.D.

Hinman F. and Hepler A. B. Experimental Changes in

*Arch Surg* 1925 xi 578

liquid seemed to pass from the pelvis toward the

In the experiments reported the left ureter of rabbits was divided between ligatures about 4 cm. below the renal pelvis and in one group of animals the splanchnics were radically divided at the same time. The animals were then given a regular allowance of food and water and were killed at varying intervals up to ninety days after the operation. To determine the gross changes in the kidney, microscopic roentgenograms were made after the intra-arterial injection of barium sulphate and the capacity of the renal pelvis was measured. The kidneys

tumor of the kidney was less than eight minutes normal if the pelvis emptied in less than eight minutes and delayed if the emptying required from ten to thirty minutes. A diagnosis of retention was made if emptying had not taken place by the end of thirty minutes.

There were seven cases in which the renal pelvis was both dilated and infected. Three of these showed retention, three delayed evacuation and

nephrosis. The degree of hydronephrotic atrophy

periods

3. The performance of unilateral splanchnotomy after complete ligation of the ureter had no influence upon the rate of development of the hydronephrosis.  
H. A. FOWLER M.D.

patient was well until March 15, 1925, when the anuria recurred. Cystoscopic examination then showed a small calculus in the bladder and another impacted in the ureter. The stones were removed by ureterotomy performed with the cautery. Eight days later the anuria recurred and 50 gm. of purulent urine were removed by catheterization with a No. 14 Pasteau sound. After the removal of the urine the renal pelvis was washed with 2 per cent silver nitrate.

On the third day anuria occurred for twelve

the temperature rose to 39.5 degrees C. A fourth catheterization of the ureter removed 120 gm. of purulent urine. The ureteral catheter was then left in place for four days; the renal pelvis was washed with 2 per cent silver nitrate and intravenous injections isotonic glucose solution were given. The urine at first cleared up but at the end of fifteen days the anuria recurred; the temperature rose to

Bladder irritability was an initial symptom in 74 per cent of the cases; renal pain in 18.5 per cent and hematuria in 5.5 per cent. Late symptoms were bladder irritability in a further 18.1 per cent and hematuria in a further 45.2 per cent. General symptoms such as loss of weight and appetite occurred in 51 per cent.

The urine was acid in 88.7 per cent and contained albumin in 97.5 per cent. Tubercle bacilli were found in the urine in 85.6 per cent. Pyuria was present in all.

In 25 per cent of the cases the kidney involved was palpable.

In the cases not operated upon the mortality was 84.5 per cent. In 80 per cent death resulted from kidney and urogenital tuberculosis.

Of seven patients subjected to nephrotomy and kidney resection six died within five years after the operation.

Of eight patients with bilateral renal tuberculosis who were treated by nephrectomy all died within two years. In the eighty-five cases of nephrectomy

only 35.5 per cent to pulmonary tuberculosis and 13.3 per cent to military tuberculosis. Of the patients who survived 57.1 per cent are well and 5.5 per cent show improvement. Of those who are well 66.1 per cent still have some frequency of urination.

With regard to operative technique the author states that he ligates the ureter, burns it off with the thermocautery below the kidney and allows the stump to drop into the wound. He then usually

one kidney will have no deleterious effect upon a woman as far as pregnancy is concerned provided she is otherwise normal. ALTON OCHSNER, M.D.

**Mitry.** Calculous Anuria and Reflex Ileus Cured by Distention of the Renal Pelvis (Anurie calculuse et ileus reflexe gueries par la distension des basses reins). *J. d'uról. méd. chir.* 1925, xx, 160.

The patient, from time to time she had had pain in the lumbar region. The urine sometimes contained phosphates but never albumin or pus. On cystoscopic examination the right ureteral orifice was found gaping and surrounded by a vas-

Persson, M. Renal Tuberculosis. *Ann. Surg.* 1925, lxxxii, 526.

The author analyzes 295 cases of tuberculosis of the kidney, 20 of which were

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from time to time she had had pain in the lumbar region. The urine sometimes contained phosphates but never albumin or pus.

On cystoscopic examination the right ureteral orifice was found gaping and surrounded by a vas-

lar and cedematous zone. There was no obstruction to the passage of a sound in either ureter. As no urine was passed the renal pelvis were distended with silver nitrate. Immediately thereafter mucus

reaches the spinal cord by the tenth, eleventh and twelfth thoracic nerves. In Zoya's opinion the reflex center is in the spinal cord between the seventh and eighth thoracic nerves.

The mode of action of the reflex is not thoroughly understood. Some think that it is vasoconstriction similar to that caused by stimulation of the splanchnic

stone the size of a grain of wheat in the right ureter and three small spots in the left ureter.

MICHON, who reported this case, said that while the association of intestinal occlusion with nephritic colic is not uncommon, it is somewhat unusual for a ureteral calculus to act reflexly on both the kidney and the intestine.

CHÉVASSU suggested that the occlusion might have been caused by the hyperazotemia rather than by the ureteral calculus.

first requirement is the subcutaneous rectal or intravenous injection of physiological salt solution or the intravenous injection of hypertonic glucose solution. At the same time the bladder should be distended by injecting fluid with a sound. If these measures fail, bilateral catheterization of the ureters may be tried. The last two measures men are adapted particularly to calculus anuria as they

the anuria.

MADONNET reported a case of colon bacillus septicemia with acute nephritis, bilateral parotitis, uræmia, and a progressive and very high azotemia in which catheterization of the ureter and medical treatment re-established urinary secretion but had no effect on the azotemia and uræmia.

ALDREY G. MORGAN, M.D.

The patient whose case is reported was a man 44 years of age. As urination did not occur for two

O'Conor, J. Perirenal Sclerosis (Chronic Cicatrizing Perinephritis). *J Am Med Ass* 1915; lxxxv: 1118.

The term chronic cicatrizing perinephritis is applied by the author to a process which may accom-

kidney was demonstrated.

The route followed by the reflex is not known. Newirth believes that it follows the splanchnics and

in complete relief of the pain and a return to normal kidney function on the affected side

HENRY L. SANFORD MD

Blum V The Physiology and Pathology of the Ureter (Physiologie und Pathologie des Harnleiters) *Ztschr f Urol* 1925 xix 161

inflammations tuberculosis and tumors of the ure

muscular apparatus of the ureter is the sucking up of the urine from the point of the papilla by rhythmic contractions. The typical dilatations of the ureter seem to serve as temporary reservoirs for the urine. The capacity of the renal pelvis is about 2 or 3 c cm

release of a wave of ureteral peristalsis is the entrance of urine into the pelvis of the kidney. For normal function of the kidney and unobstructed excretion of urine complete closure of the ureters against the back pressure of the bladder is essential. Anti peristalsis in the ureter may result from severe irritation at the peripheral end of the ureter. In

the stasis of urine in the ureters and renal pelvis

Andler R Atony of the Ureter with Dilatation and Hydronephrosis Its Clinical Occurrence

*Chir* 1925 xvii 298

The most common cause of hydro ureter and hy

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a uen in o two types a mechanical type and a dynamic type

Andler gives a very detailed description of the anatomy of the ureter and renal pelvis. He calls attention especially to the fact that in the prevescical portion of the ureter there are bundles of longitudinal bladder muscle fibers arranged about the ureter but separated from it by a narrow space. The musculature of the ureter is not continuous with that of the bladder but entirely distinct. Only the

valve

These anatomical findings show that the motility of the ureter is independent of that of the bladder. In

more is stant to the compressing contractions of the bladder musculature or the pressure of the bladder contents. If the musculature of the ureter is weakened a valve like closure of the ureter against the bladder is produced by the intravesical pressure.

The ureter  
nerve plexus arises from the coeliac plexus through the renal ganglia. The renal plexus also receives numerous nerve branches, the uretero-capsular nerves, over the hilus or over the capsule of the kidney.

The spermatic plexus arises from the renal plexus and the superior mesenteric plexus and receives branches from the aortic plexus. Where the sper



renal vein and the ureter cross this plexus sends a few branches over the ureter

The author carried out experiments on animals to determine how the ureter would function after

the flow of the urine induced by destroying the

pressure in the renal pelvis is from 50 to 60 mm Hg whereas the strength of the ureteral peristalsis the expression pressure in the bladder is twice as

renal vein

The operation is begun with circular section. The outer lamella of the tunica fibrosa renalis is then stripped back until the renal vessels are fully exposed

are also other factors involved

Dor Catheterization of the Ureter with Two or More Sounds (Le cathétérisme de l'urètre avec deux sondes—bi-cathétérisme—et le cathétérisme à faisceau) *J d urol méj et ch* 1925 xix 529

Ureteral catheterization with two or more sounds has several uses. It is employed by Dor for example

to overcome obstructions of the ureter in the same manner as strictures of the urethra. When the sound meets with the obstruction it is left in contact with the obstacle and a second smaller sound is introduced. The two sounds are then alternately advanced and withdrawn. Great gentleness is necessary.

Two sounds are of value also in the treatment of

by pelvic lavage every three or four hours as a palliative or a pre-operative procedure. Permanent dilatation of the ureter may be obtained by the repeated introduction of catheters.

The author cites several cases in which the marked improvement following double catheterization made a curative operation possible or considerably increased the patient's comfort.

ALBERT F. DEGROAT, M.D.

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nity of the ureter by terminoterminal suture with four fine catgut sutures and provided vaginal drainage.

Recovery resulted but three days after the operation the urine passed through the vagina and the

ureteral orifices to be normal and revealed no sign of a third opening. The urine was clear and a sound which was passed without difficulty into the renal pelvis showed no retention. The function of the right kidney was even slightly better than that of the left kidney.

PASTLAL, in discussing this report, stated that the conditions in such a case are quite different from those in malacostomia.

REMARKS BY THE EDITOR

CHEVASSE emphasized, however, that circular suture of the ureter is very different from simple suture of the longitudinal wound made in a ureterotomy.

MICHOX suggested that in the case reported the ureter may have been a bifid.

AUDREY G. MORGAN, M.D.

Joannides M. and Holmes C. K. Uretero Ureteral Anastomosis: an Experimental Study. *J. Lancet* 1925 xlv 470.

Experimental surgery on the ureters of the dog has been unsatisfactory as the mortality has been high because of secondary injury and infection of the kidney. The degree of hydronephrosis is proportional to the degree and duration of obstruction of the ureters. The tubules become dilated first then the convoluted tubules and then the glomeruli. The epithelia become flattened and granular changes occur.

The authors have operated upon the ureters for exstrophy of the bladder and ureteral injury. In nearly all of the former hydronephrosis and infection resulted. In bladder exstrophy uretero-appendi-

catheter inserted from 2 to 5 cm. into the renal end first and covered with peritoneum. In some cases the ends of the ureters were approximated but in other cases they remained separated by from 1 to 2 cm.

tomosis is a satisfactory procedure and that if the ends of the ureter are closely approximated infection of the kidney is not apt to follow.

BENJAMIN F. ROLLER, M.D.

Pasteau. Ureterocystostomy (Urétéro cysto néostomie). *J. de urol. méd. et chir.* 1925 xiv 551.

In the case reported a supravaginal hysterectomy had been done and later a second operation was performed for bleeding from the vagina. The patient consulted the author because of pain in the

and smooth. No jet of urine was seen on the left side. The examination revealed also a severe pyelo-

planted

Attention is called to the fact that although the pain was always limited to the right side only the

## BLADDER URETHRA AND PENIS

Elsendrath D N Katz H and Glasser J M  
Bladder Reflux *J Am M Ass* 1925 lxxxv 1121

The author reports a study of the following conditions:

non-obstructive bladder and prostatic lesions and

ing conclusions

Bladder reflux may be congenital or acquired. That it is not a permanent affection was shown by a case of atony of the bladder due to spinal syphilis in which it entirely ceased after proper local and general treatment.

Reflux plays an important part in carrying infection from the lower to the upper urinary tract.

ALBERT F DeGROOT MD

Marion and Blanc The Interureteral Bar and Lateral Cystography (Barre interurétérale et cystographie latérale) *J d urol méd et chir* 1925 xix 554

concealed from view

In the anteroposterior roentgenogram taken after

portion of the ureter from lack of innervation or disease. It must be conceded that all three of these factors may co-exist and that each acting alone may be a sufficient cause for the phenomenon.

HENRY L SANFORD MD

Gayet G and Cabert J Cases of Diverticulum of the Bladder (Quelques cas de diverticules de la vessie) *J d urol méd et chir* 1925 xix 473

notch represented the interureteral bar and the

themselves

Strassmann P Replacement of a Contracted Bladder by Transposition of the Sigmoid Flexure (Ersatz einer Schrumpfbilase durch Transposition des Sigmoids) *Zentralbl f Gynaek* 1925 xlix 1127

Various operations have been proposed and performed for severe contraction of the bladder. In

accordance with the Maydl technique Floercken transplanted the trigone into the sigmoid flexure after extirpation of one kidney. Most surgeons

no evidence of a congenital hæmophilic diathesis. Under irrigation of the bladder with a 1:5,000 solution of silver nitrate the spots gradually grew paler.

colon

—a moderate leucopenia and a relative lympho-

Closure of the fistula by interposition of the uterus was followed by severe contraction of the bladder associated with attacks of severe pyelitis.

To replace the contracted bladder Strassmann side-tracked the sigmoid flexure and re-established the continuity of the colon by a side-to-side anastomosis between the descending colon and the rectum. The left side of the side-tracked colon he

the cases he has known prompt recovery resulted and because simple ulcer is generally solitary while the hæmorrhagic spots are multiple.

AUDREY G. MORCAY, M.D.

**Watson E. M.** The Management of Bladder Tumors. Particularly the Inoperable Type. *J. Urol.* 1925 xiv 509.

Benign tumors of the bladder are best treated by fulguration through the cystoscope with the use of a bipolar current. As a certain number of benign tumors recur, Watson implants in the region of the stalk from eight to ten 0.5 mc. seeds of radium emanation.

Cases of large localized malignant tumor without evidence of metastases are best treated by supra-

was treated by primary intention and after the one at the neck.

Urethra

**De Gironcoli F.** Hæmorrhagic Purpura of the Bladder (Intorno alla porpora emorragica della vesica). *Arch. ital. di urol.* 1925 i 632.

The author adds another case of hæmorrhagic purpura of the bladder.

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by means of stiff needles. This is best accomplished by inserting one finger in the rectum. The needles may be introduced also through the perineum.

ALTON OCHSNER, M.D.

## GENITAL ORGANS

**Marion G.** The Treatment of Genital Tuberculosis in the Male (Du traitement de la tuberculose génitale chez l'homme). *J. d'urologie méd. et chir.* 1925 xix 524.

Tuberculous epididymitis is of two general types.

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## BLADDER URETHRA AND PENIS

Eisendrath D N Katz H and Glasser J M  
Bladder Reflux *J Am U 135* 1925 lxxxv 1721

present in five cases of the series--three cases of non-obstructive bladder and prostatic lesions and

pected to occur The authors come to the following conclusions

Bladder reflux may be congenital or acquired That it is not a permanent affection was shown by a case of atony of the bladder due to spinal syphilis in which it entirely ceased after proper local and general treatment

Reflux plays an important part in carrying infection from the lower to the upper urinary tract and explains recurrence and resistance to treatment of such infections It may lead to an erroneous diagnosis of bilateral renal tuberculosis because it is a frequent complication of that disease It is favored by acute and chronic cystitis because in

Diverticula of the bladder especially those of the congenital type occur most commonly in an area just above and to the outside of the ureter where in embryonic life the mesonephric duct enters the cloaca They are rare in the female

inavage were followed by recovery Of six treated by cystostomy two survived

and the development of a tumor radical treatment should be used whenever possible

ALBERT F DeGROAT MD

Marion and Blanc The Interureteral Bar and Lateral Cystography (*Barre interurétrale et cystographie latérale*) *J d'u de méd et chir* 1925 xix 354

In the case reported a rifle ball had entered the pelvis at the right ischial tuberosity and emerged the receipt of

tween the ureters a bar of such marked degree that the postero-inferior portion of the bladder was concealed from view

In the anteroposterior roentgenogram taken after the injection of an opaque solution the bladder was

may be a sufficient cause for the phenomenon

HENRY L SANFORD MD

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on diverticula of the bladder especially to the very extensive report of Leguen and review in detail twenty two cases collected by themselves

Opinion as to the relative frequency of congenital and acquired diverticula has been reversed the

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Strassmann P Replacement of a Contracted Bladder by Transposition of the Sigmoid Flexure (*Ersatz einer Schrumpfblase durch Transposition des S. romanum*) *Zeitschrift f Gynäk* 1925 xlix 1122

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ANDREY G MORGAN M D

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means of a catheter He inserted a catheter into the bladder also through the urethra

The wounds healed by primary intention and

later, hours with a marked

De Gironcoli F Hæmorrhagic Purpura of the Bladder (Intorno alla porpora emorragica della vesica) *Arch ital di urol* 1925 i 632

The author adds another case of hæmorrhagic

Case of large infiltrating malignant tumors are treated with from twenty to thirty radium seeds implanted through the Braasch cystoscopy by means of stiff needles This is best accomplished by inserting one finger in the rectum The needles may be introduced also through the perineum

ALTON OCHSNER M D

## GENITAL ORGANS

Marion G The Treatment of Genital Tuberculosis in the Male (Du traitement de la tuberculose genitale chez l'homme) *J d urol mèd et chir* 1925 xix 524

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In time the inflammation subsides and becomes chronic or continues to abscess formation and fistulization. The vas deferens and the seminal vesicle

incident but the pyuria continued. Further examination revealed a diverticulum of the bladder.

Case 5 The patient suffered from hematuria and pyuria attributed to enlargement of the prostate. Examination showed a vesical calculus in addition to prostatic hypertrophy.

ALBERT F. DEGROAT M.D.

Salvini P. Immediate and Late Results of Suprapubic Prostatectomy in 180 Patients Operated

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ALBERT F. DEGROAT M.D.

Blanc H. Pyuria Associated with Prostatic Conditions (La pyurie chez les prostatiques) *J. urol. med. chir.* 1925 xix 506

adenoma and the hemorrhage

Another complication of suprapubic prostatectomy is tearing of the membranous urethra. In two cases of the series reviewed in which this occurred a stricture developed later but was overcome by dilatation.

There were two cases of infection in one a phlegmon developed which retarded closure of the fistula

come from the bladder and the urine became dark

Case 3 This was a case of prostatic hypertrophy with intense pyuria. Cystoscopic examination and ureteral catheterization established the presence of

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not cause impotence

than 100 c cm

In most of the cases the urine cleared up rapidly

bladder

Of 148 patients re examined or heard from with regard to the late results of the operation 127 had satisfactory micturition. In 119 cases the urine was clear but in nineteen was still turbid. Of eighty five patients examined genital function was excellent in twelve good in forty eight and poor in twenty five. Those with poor function were all over 60 years of age and most of them were over 70 years.

Three patients had calculi after the operation but two of these had a history of stones before the prostatectomy. Four of the patients had incrustated cystitis which Marion thinks may have been due to too early suppression of drainage which left behind small bits of tissue detached from the bed of the prostate.

None of the patients had permanent incontinence of urine a few were unable to retain the urine at first but this was cured by dilatation. In the cases of most of the patients who had had

was a residue of from 60 to 300 gm. A perfect result cannot be counted on in cases with chronic distention but the condition is very greatly improved by the operation.

While prostatectomy brings about marked improvement in the condition of the bladder it can arrest an old interstitial nephritis. Two of the patients died several months after the operation from this cause.

The effect produced by the operation on the

Hardouin reports the case of a 68 year old man with hypertrophy of the prostate causing acute retention of urine. In a suprapubic prostatectomy performed under local anaesthesia the prostate was removed easily in two pieces about the size of a hen's egg without any special injury of the bed of the prostate or of the posterior part of the urethra. Recovery was uneventful except that the patient insisted on removing the retention catheter. The patient was discharged from the hospital thirty five days after the operation completely well and with the suprapubic wound entirely closed.

Five months later his previous symptoms re

finger introduced into the bladder. A sound passed up through the urethra could be felt by the finger in the bladder but was separated from it by a membrane between 1 and 2 mm thick. A slight incision was therefore made and by pushing rather forcibly on the sound the new meatus was opened until it admitted the end of the little finger a retention sound being then introduced.

The patient again made a quick and uneventful recovery and to date has had no further recurrence.

When the operation of suprapubic prostatectomy was first described the fear was expressed that it might frequently be followed by stricture of the posterior urethra. This complication has not been as common as anticipated but in 1919 Deroide collected twenty seven cases. In some of these cases the stricture followed a difficult operation with considerable injury of the bed of the prostate or the posterior urethra which may have caused cicatrization. In others however the operation was simple as in the author's case and the development of the stricture could not be explained.

Generally stenosis following suprapubic prostatectomy develops quite late after the operation and causes the discharge of the urine through the bladder wound. The author believes that for the treatment of such a stricture a simple incision such as he performed is preferable to the perineal operation that has been proposed.

AUDREY G MORGAN M.D.

Walker K M, Kidd F, Leahy M, Joly J S and Others. Discussion on Sterility and Impotence in the Male. *Proc Roy Soc Med Lond* 1925 xviii Sect Urol 56.

WALKER stated that sterility in the male ranges from complete azoospermia to mild oligospermia. The most common cause of azoospermia is gonorr

AUDREY G MORGAN M.D.



rheo caus ing epididymitis and vesiculitis Benzer different types of epithelium islands of cartilage

or its results and an examination of three condom specimens are essential.

**SUPERON**

According to KROHN sterility is usually due to blockage of the vas deferens or of the epididymis. Operative procedures are not successful. KROHN advocates the German method of testicle puncture and artificial impregnation. Undescended testicles

results were unsuccessful

SWAN reported two cases in which an anastomosis between the vas and the epididymis was done with out results. CLAUDE D. PICKRELL, M.D.

Hilman F Gibson T E and Kutzmann A A  
Malignant Tumors of the Testicle *Ann Surg*  
1925 [xxx] 552

stantiated Ewing's theory that in a typical seminoma mixed tissue of various types is to be found.

tumor while other teratomata  
plex picture containing numerous cysts lined by

nephric structure

The lymphatic drainage in cases of testicular tumor is into the pre aortic retroperitoneal lymph nodes. The inguinal nodes are rarely involved but the heart and lungs are involved comparatively early.

ALTON OCHSNER MD

## MISCELLANEOUS

Dudgeon L S Lepper E Thomson Walker J  
Heath O and Others Discussion on Bacte-  
rial Infections of the Urinary Tract *Proc Roy  
Soc Med Lond* 1925, xviii Sect Urol., 43

DUDGEON discusses a special type of harmful bacilli found in over 200 cases of urinary tract infection in which there were only two deaths. The

been normal for several days

Colon bacilli may be divided into the hemolytic and the non hemolytic types. In many cases of

L. S. I. on a t. Information

before an abdominal operation is an "a" prophylactic measure against infections of a parv tract

1

Maybury B C and Dyke S C Some Unusual  
Manifestations of Spread by Implantation of  
Papillomata of the Urinary Tract *Brit J*  
*Surg* 1925 xiii 377

Few types of new growth exemplify better the  
process of spread by direct implantation than papil-  
lomata of the urinary tract The facility with which  
they spread by the spontaneous dissemination of

matory process but polymorphonuclears were not  
among the infiltrating cells However infiltrating  
cells had collected in large number in the smaller  
vessels

blood from the smaller vessel that passes into the  
urine and the stagnation of the polymorphonuclears  
in these vessels seems to account for their excess in  
the blood thus passed

In the authors second case after removal of a

all three arose from portions of the original tumor  
accidentally implanted at the first operation The  
primary tumor was histologically non malignant  
but the successive recurrences showed a steady

urine and microscopical examinations of the kidney  
The pelvic wall revealed a mild and chronic inflam-

growth and malignancy of secondary tumors

LOUIS NEUWELT M D

rhoea causing epididymitis and vesiculitis Benzer

different types of epithelium islands of cartilage and squamous cells

The point at which tumors of the testicle begin is still unknown. Most tumors examined have been so far advanced that most or all of the testicle had been replaced. In some, however a narrow margin of

or its results and an examination of three condom specimens are essential

With regard to impotence Walker discusses only cases in which the condition is psychic in nature or of the atonic type. The underlying cause is fear. This must be overcome. Exercise regulation of the diet and moral support are also indicated. The psychotherapist should be consulted rather than the surgeon.

According to Kidd sterility is usually due to blockage of the vas deferens or of the epididymis. Operative procedures are not successful. Kidd

nephric structure

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ALTON OCHSNER M.D.

### MISCELLANEOUS

Dudgeon L. S. Lepper E. Thomson Walker J. Heath O. and Others. Discussion on Bacterial Infections of the Urinary Tract. *Proc Roy Soc Med Lond* 1925 xviii Sect Urol 43

DUDGEON discusses a peculiar type of bacilli found in over 200 cases of urinary tract infection in which there were only two deaths. The

JOLY reported that he had operated upon three cases of sterility due to obstruction but that the

Hinman F. Gibson T. E. and Kutzmann A. A. Malignant Tumors of the Testicle. *Ann Surg* 1925 lxxvii 552

The authors report twenty two malignant testicular tumors ten of which were diagnosed as teratomata or mixed tumors and twelve as seminomas.

stantiated Ewing's theory that in a typical seminoma mixed tissue of various types is to be found.

Summing up briefly the authors state that it can now be taken as definitely established that prac

extravasation of infected blood into the scrotum

before an abdominal operation is an important prophylactic measure against infections of the urinary tract.

proliferation such as tumors. If this assumption were correct embryonic tissue would be especially active.

A. DREY G. MORAN M.D.

Knaggs R. L. On Osteitis Deformans (Paget's Disease) and Its Relation to Osteitis Fibrosa and Osteomalacia. *Brit J Surg* 1925 viii 206

Osteitis deformans is a chronic inflammatory disease occurring in middle aged or elderly persons.

with a similar destruction of bone there is little or only very slight reformation of bone probably because person with this condition have become debilitated by poverty, privation, anxiety, numerous pregnancies or poor environment. Occasionally there is an apparent recovery from osteomalacia.

Hansen S. Roentgen Diagnosis in Osteitis Fibrosa and Tumors of the Bone System. *Acta radiol* 1925 ix 201

In a case of bone tumor to arrive at a quick decision as to the nature of the tumor.

bones are painful. There is no fever.

The type of Paget's disease which affects bone only may have trauma as an exciting cause.

All of the bones affected become enlarged and

osteoid sarcoma, carcinoma, osteitis deformans and a case of osteitis deformans.

Many theories have been advanced with regard to the pathogenesis of the condition. Hutchinson, DaCosta, Funk, Levin, Morpurgo, Archangeli, and Fiocca have ascribed it to infection while Outlinger and Lafont have attributed it to a toxæmia due to mineral acids. According to Tourette and Marinello it is of spinal cord origin.

Microscopically there is a very close resemblance between osteitis deformans and osteitis fibrosa. Since the latter is a disease of the first and second decades of life and the former a disease of middle or later life it is possible that a person who is susceptible to the particular toxic influence causing these conditions may have sufficient resistance to stave off osteitis fibrosa in youth but will succumb to osteitis fibrosa in old age.

activity between the tumors of osteitis fibrosa, epithelioid and central giant cell sarcoma. Hansen recommends that they be recognized as benign non-metastasizing chronic resorptive new formations and hence distinct from true sarcomata.

ARTHUR F. SAVA M.D.

Kolodny A. The Diagnosis and Prognosis of Bone Sarcoma. *J Bone & Joint Surg* 1925 vii 911

Kolodny draws conclusions based on a careful clinical, roentgenological and pathological study of

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS ETC

Orr H W Mechanical vs Chemical Methods in  
the Treatment of Wounds of Bone *J Lancet*  
1925 xlv 515

Orr discusses the possibility that the distress caused by frequent antiseptic dressings of infected bone wounds may counteract any benefits to be derived from such dressings. He believes that if the wound is given proper protection and the injured parts are placed at physiological rest the defensive agencies of the body will be sufficient to take care of considerable infection. He describes the technique he uses in infected bone wounds and reports two cases in which it was employed.

JOHN W POWERS M D

Cone S M Activities of Bone Cells *J Bone &  
Joint Surg* 1925 vii 894

Cone's study of bone cell activity was based on

be brought about only by tissue that is dead or greatly reduced in vitality the newly formed bone and cartilage being due to metaplasia of the fibroblasts of the region stimulated by the presence of the implanted tissue

were grafted

Grafts of fixed tissue from the kidneys lymphatic

the absorption of grafted tissue

While the substances which excite metaplasia

absorbed with difficulty so that  
Embryonic tissue grafted after fixation did not seem very active only two positive results being

Andrei O The Production of Bone and Cartilage  
After the Grafting of Fixed and Living Tissue  
(Sulla produzione di osso e di cartilagine in seguito  
ad innesti di tessuti fissati e vivi) *Arch ital di  
chir* 1925 xi 483

From his experiments in grafting Nageotte concluded that new formation of bone and cartilage can

Forbes A M The Infectious Arthritides *Canadian Medical Association Journal* 1925 xv 931

Acute rheumatic arthritis is an infection of young adults which has a latent period of 1-2 weeks.

the 'herbivorous' type of person and associated with a high degree of sensitivity.

by diet also

Rolleston Sir H The Etiological and Bacteriological Aspects of Rheumatoid Arthritis *British Medical Journal* 1925 ii 589

Ackland W R Aural Sepsis as a Cause of Arthritis *British Medical Journal* 1925 ii 594

Waterhouse R Bacteriological Treatment of Arthritis *British Medical Journal* 1925 ii 595

Osgood R B The Toxic Factor in Arthritis *British Medical Journal* 1925 ii 596

Jones Sir R The Surgical Treatment of Arthritis *British Medical Journal* 1925 ii 597

Munro J M H The Infective Origin of Arthritis *British Medical Journal* 1925 ii 598

Fisher A C T Pathological Types of Chronic Arthritis *British Medical Journal* 1925 ii 599

Willcox Sir W Etiological Factors and Treatment in Arthritis *British Medical Journal* 1925 ii 600

Cawadiaz A Sulphur Metabolism in Arthritis *British Medical Journal* 1925 ii 602

of the nature of the infective agent. In some cases foci may be present for years without causing the condition.

The primary focus may be difficult to find, being obscured by secondary foci. Anaphylaxis stimulated by showers of toxins is suggested. Streptococci appear to be more often responsible than staphylococci.

The treatment is primarily preventive, namely hygienic habits.

of which is of importance.

ACKLAND states that pyorrheal pockets never drain entirely and that even a healthy gastric juice may not destroy the toxin. In cases of arthritis all crowns, bridges and dent teeth are to be condemned whether the X-ray shows trouble from them or not.

WATERHOUSE believes that in spite of the more careful eradication of septic foci during the past quarter of a century the incidence of arthritis has increased.

the elimination of toxins to the blood.

of surgery. Allergic reactions have been produced with many different types of bacteria. It is at least logical to assume that

may be

tion of

for

correct

in a

the acute stage has passed. After the acute stage gentle motion may be beneficial. The motion a single one through the largest possible arc should be made only once or twice daily. Pain should be avoided. When painful effusions and villous membranes are diagnosed complete synovectomies are sometimes

arthritis which is curable by the removal of foci (2) atrophic or rheumatoid arthritis occurs in slender Goldthwa hyperthyroid

twenty five cases of bone sarcoma observed in the Iowa State University Hospital during the ten years between 1915 and 1925. The case histories are reported in detail and the end results noted to date are reviewed.

The head end of bone sarcoma has been

of the head end of bone sarcoma has been

be made

Amputation should not be done if there is any doubt as to the presence of malignancy

ELVEN J. BERKESEER M.D.

Willem C. First Report of a Study of the End

the neoplasm so that within a few days the body shadow of a diffusely and rapidly growing periosteal sarcoma acquires the character of a typical fan like structure

V 1330

favorable with the increase of cellularity and vascularity of the tumor. It is most favorable in cases of central sclerosing sarcomata. The chief factor influencing the prognosis seems to be metastasis through the blood stream. No treatment has served to prevent the formation of metastases.

CHESTER C. SCHNEIDER M.D.

Bloodgood J. C. The Treatment of Bone Sarcoma by Toxins, Radiation, Amputation or Resection. *Am J Roentgenol* 1935 xiv 253

The author reports a case of sarcoma of the humerus in which toxins were given before and after amputation but metastases developed in the lungs five years later.

Although the roentgen rays and radium have a remarkable effect on certain local growths Bloodgood has seen only one case in which the shadow of a metastatic pulmonary growth disappeared under

displacement and extensive loss of tissue. In most of the cases there was no infection but in five there was purulent arthritis.

In every instance the movement of the joint has remained excellent. In some cases especially those in which osteophytes have developed it is a little

better function than would be obtained with an artificial limb.

As in the upper extremity Bloodgood has not obtained a definite cure by amputation he usually

without exploratory in

without ampu

periarticular exostoses are present but as they have developed outward instead of toward the joint they cause little interference with motion.

Several of the patients have taken up their previous work but some of those with wounded knees

more than a low recompense

AUDREY G. MORGAN M.D.

turbances of sensation and so far as is yet known without the pathological anatomical basis

No important progress has been made in the

subcutaneous and intravenous inoculations how

intestines are apparently the portals of entry of the bacteria as well as of their excretion. The infection is spread by way of the lymph passages along the nerve sheaths

Also proving the contagious character of the condition is its tendency to occur in groups of persons to

is not justified

Attempts at immunization have not been successful. Since the virus is secreted through the mucous membrane of the respiratory passages and the alimentary canal, the use of calomel, active hypodermic injections or cupping glasses are all to be considered. Most important is the prevention of the disease by the quarantine of the sick, suspected cases and attendants, continuous bedside disinfection, terminal disinfection as in other contagious diseases and the distribution of notices during epidemics.

Brief mention is made of the progress of orthopedic surgery in the prevention of contractures and the cure of the sequelæ of the paralysis. Attention

the virus the cerebrum and the cerebellum) by lymphocytes and plasma cells (necrosis, disappearance of the nucleus, death of the cell). Parallel with this are neuronophagic processes.

In the incubation period which averages from

1

1

Carnett J. B. The Calcareous Deposits of So Called Calcifying Subacromial Bursitis. *Surg Gynec & Obst.* 1925, xli, 404.

This article is based on

1

1

roentgenogram shadows of such deposits but thought them due to thickening of the bursa. In the same year Baer reported two similar cases.

Careful observation has shown that the deposits are usually extrabursal. The subacromial bursa is a continuation of the subdeltoid bursa.

muscles and without involvement of the nervous system. (2) Landry's paralysis in which death results from respiratory paralysis. (3) the bulbar form with paralysis of the cranial nerves. (4) the ataxic form (cerebellar ataxia). (5) the cerebral form with choreic or athetotic movements and spastic paralysis suggesting a relationship with cerebral infantile paralysis and (6) the polyneuritic form characterized by severe pain but without dis-



necessary When there is a residual limitation of motion osteotomies may be necessary to bring the

tion and relaxation are both active processes accompanied by a great expenditure of chemical energy

Except for a normal automatic action both

the majority of cases gram positive cocci are responsible

neurology

The action of so-called opposing muscles is that of cooperation and is dependent upon reciprocal innervation Paralysis of reciprocal innervation results in spasticity

Barrow J V and Armstrong E L Intestinal Protozoa and Chronic Diseases with Especial Reference to Chronic Arthritis *J Iowa State M Soc* 1925 xv 553

Protozoal infections are widespread not being

FREMONI A CHANDELIER

— The Physiology of

nervous impulse A change is brought about by electrochemical means The muscle fiber undergoes no change of volume Contract

is pathognomonic With practice the protruding body of the fifth lumbar vertebra partly overhangs

vertebral column the defect may not produce any pathological signs or symptoms of functional disorder of the spine

DANIEL H. LEVINTHAL M.D.

Sevier C. E. Heliotherapy with Especial Reference to Spinal Tuberculosis *J Am M Ass* 1925 lxxxv 791

The author calls attention to the fact that extrapulmonary tuberculosis is a general disease with local manifestations. Therefore treatment to improve the general health is imperative.

Roller heliotherapy includes not only exposure to the sun's rays but also fresh air, nutritious food, rest, prolonged immobilization, and the correction of any deformity that may be present.

The exposure of the body to the sunlight must be gradual and the amount of exposure must be determined according to the requirements of the particular case.

ELVEN J. BERKHUISER M.D.

Adams J. D. and Leonard R. D. A Developmental Anomaly of the Patella Frequently Diagnosed as Fracture *Surg Gynec & Obst* 1925 xli 601

As reported in the literature and the authors' cases the anomaly was constant in its X-ray appearance. The portion of the patella involved is always the outer and upper quadrant. This may consist of one or two separate fragments. The general contour of the patella is not distorted. The borders of the fragment are of cortical bone and its body of the same structure as the patella. Between the fragments there is a definite space. In the great majority of cases the anomaly is bilateral. A similar anomaly has been found in one of the sesamoid bones beneath the head of the first metatarsal.

In the differential diagnosis between the anomaly described and fracture the difference in the outline of the fragments must be borne in mind. In the anomaly the outline is smooth and is formed as stated by cortical bone, while in a fracture the edge is serrated. Fractures seldom occur in the upper and outer quadrant and have a different clinical history. The anomaly is usually bilateral while fracture is more commonly unilateral. The differential diagnosis may be made from a roentgenogram.

The authors conclude that anomalies of the patella are more common than is generally supposed. Of a

series of sixty-three cases diagnosed as fractures of the patella in the course of a year 3 per cent were found to be cases of congenital anomaly.

The article is illustrated with five cuts.

JOHN W. POWERS M.D.

McCafferty L. K. and McCarthy C. L. X-Ray Treatment of Callosities and Verruca Plantaris *J Bone & Joint Surg* 1925 viii 883

The authors report upon twenty-seven cases of callus in which a cure was obtained by X-ray treatment in 85 per cent and twelve cases in which a cure was obtained in 91 per cent.

some cases as many as four treatments have been necessary. Proper orthopedic measures are taken to eliminate the causative factor.

In the treatment of verrucae the contiguous skin is carefully shielded with lead foil and an initial dose of 1½ skin units unfiltered is given. This dose is then repeated at intervals of one month. At the end of two months it is often possible to lift the wart out of its bed. If it is associated with callus, further treatments may be necessary.

Similar results may be obtained with radium in these cases.

CHESTER C. SCHNEIDER M.D.

## SURGERY OF THE BONES JOINTS MUSCLES TENDONS ETC.

Albee F. H. Reconstruction and Plastic Operations on the Hip *J Am M Ass* 1925 lxxxv 1345

The development of bone transplantation has extended the field of joint surgery to include the hip joint. Up to the beginning of the last decade operations on the hip were generally avoided and it was

TO

The symptoms of calcareous deposits are pain and fixation of the shoulder. The pain radiates down to the lower half of the deltoid muscle or from the neck to the hand. It may be as acute as that of renal or

Turner H and Tchirkin N Spondylolisthesis  
*J Bone & Joint Surg* 1925 VII 763

anterolateral aspect of the arm. A small area of

the lower part of the spinal canal, being the latest to ossify, is very often the site of morphological deformity of the normal vertebra resulting from prolonged physiological strain have been proved untenable.

hand

the lower part of the spinal canal, being the latest to ossify, is very often the site of morphological deformity of the normal vertebra resulting from prolonged physiological strain have been proved untenable.

The slipping forward of the anterior part of the fifth lumbar vertebra is associated with a sagittal

angulation instead of an exaggerated lumbar curve. It is felt just above the first spinous process of the

sign

TCHIRKIN believes that a compensatory prominence of the first lumbar vertebra, a slight kyphosis

ata and purgatives. In some cases because of the natural accommodating defensive mechanism of the vertebral column the defect may not produce any pathological signs or symptoms of functional disorder of the spine.

In conclusion the authors state that it is doubtful whether operative measures can aid conservative treatment in alleviating the symptom and arresting the progress of the condition.

DANIEL H. LEVINTHAL, M.D.

Sevier C. E. Heliotherapy with Especial Reference to Spinal Tuberculosis. *J. Am. M. Ass.* 1935 lxxxv 791.

Neither heliotherapy includes not only exposure to the sun's rays but also fresh air, nutritious food, rest, prolonged immobilization, and the correction of any deformity that may be present.

The exposure of the body to the sunlight must be gradual and the amount of exposure must be determined according to the requirements of the particular case.

ELLEN J. BERKESEISER, M.D.

Adams J. D. and Leonard R. D. A Developmental Anomaly of the Patella Frequently Diagnosed as Fracture. *Surg. Gynec. & Obst.* 1925 xli 601.

Adams and Leonard report three cases of developmental anomaly of the patella in which a diagnosis of fracture was made.

In the cases reported in the literature and the

borders of the fragment are of cortical bone and its body of the same structure as the patella. Between the fragments there is a definite space. In the great majority of cases the anomaly is bilateral. A similar anomaly has been found in one of the sesamoid bones beneath the head of the first metatarsal.

In the differential diagnosis between the anomaly described and fracture the difference in the outline

and outer quadrant and have a different clinical history. The anomaly is usually bilateral while fracture is more commonly unilateral. The differential diagnosis may be made from a roentgenogram. The authors conclude that anomalies of the patella are more common than is generally supposed. Of a

McCafferty L. K. and McCarthy C. L. X-Ray Treatment of Callosities and Verruca Plantaris. *J. Bone & Joint Surg.* 1925 vii 883.

The authors report upon twenty-seven cases of callus in which a cure was obtained by X-ray treatment in 85 per cent and twelve cases in which a cure was obtained in 91 per cent.

given at intervals of thirty days unless there is some contra-indication. The dose is usually the same but may be diminished or increased on indication. In some cases as many as four treatments have been necessary. Proper orthopedic measures are taken to eliminate the causative factor.

In the treatment of verruca the contiguous skin is carefully shielded with lead foil and an initial dose of 14 skin units unfiltered is given. This dose is then repeated at intervals of one month. At the end of two months it is often possible to lift the wart out of its bed. If it is associated with callus further treatments may be necessary.

Similar results may be obtained with radium in these cases.

CHESTER C. SCHNEIDER, M.D.

## SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS, ETC.

Atlee H. H. Reconstruction and Plastic Operations on the Hip. *J. Am. M. Ass.* 1935 lxxxv 1345.

The development of bone transplantation has

was adopted that any progress was made in hip

In fractures of the femoral neck the author is now performing the reconstruction operation more frequently than the bone peg operation. The former is applicable especially to cases of non-union with

proach the capsule incised the detached head

The symptoms of calcareous deposits are pain and fixation of the shoulder. The pain radiates down to the lower half of the deltoid muscle or from the neck to the hand. It may be as acute as that of renal or

the pain will recur

Shoulder motion is limited chiefly in abduction

beneath the acromial process on the anterior or anterolateral aspect of the arm. A small area of

Turner H and Tchirkin N. Spondylolisthesis.  
*J Bone & Joint Surg* 1923, vii 763

Spondylolisthesis slipping of the vertebra occurs more frequently than has hitherto been supposed. Many such cases have been erroneously diagnosed as traumatic or tuberculous spondylitis.

curette. In the more recent cases the bursal sac has not been sutured but has been drained for twenty-four hours with a rubber tube.

After the operation motion is encouraged from the first day and on the fourth day the patient begins active abduction by creeping up a wall with the hand.

deformity of the normal vertebra resulting from prolonged physiological strain have been proved untenable.

The slipping forward of the anterior part of the fifth lumbar vertebra is associated with a sagittal

apparent shortening of the trunk, a transverse line encircling the trunk across the loins, and a definite hollow in the lumbar region. The hollow is an

sign

TCHIRKIN believes that a compensatory prominence of the first lumbar vertebra, a slight kyphosis,

while to try non operative methods for a period of three months. These should consist in voluntary movements with protection of the fracture by splints passive congestion with massage and the injection of blood or blood products into and around the fracture.

Operative treatment must be guided by a con

In seven cases dislocation has occurred once since the operation and in one case twice. In two cases the operation failed.

In ten of the eighteen epileptic cases there was no recurrence of the dislocation after a single capsular raphy. In two cases it recurred after two capsular raphies.

JOHN W. POWERS M.D.

W. J. ... F. ...

The author discusses various methods of promoting bony union.

Causes of failure of operative treatment are inade

operation and excessive tension.

FREWONT A. CHANDLER M.D.

Thomas T. T. Recurrent Dislocation of the Shoulder. *J. Am. M. Ass.* 1923, LXXX, 1202.

Normal abduction of the shoulder is limited by the axillary portion of the joint capsule. The cause of

five others three showed perfect results one a moderately good result and one a poor result. The objection that the opening of the joint increases the danger of infection is contradicted by the fact that in all of the cases primary healing occurred. Resorption of the freely transplanted fascial strip which was feared by Schmieden did not occur in a single instance. In Wuefing's opinion the danger of arthritis deformans which has been attributed to the procedure does not exist. The Joseph method is therefore to be recommended for further use.

HIRSCH (Z)

Dickson F. D. The Davis Method for the Reduction of Congenital Dislocation of the Hip. *J. Bone & Joint Surg.* 1925, VII, 873.

P. ...

Davis method is as effective as any of the generally accepted procedures and that it is associated with less danger of producing a fracture of the femur than

for four or five weeks the capsule will be greatly strengthened by the new cicatricial tissue develop

these downward thrusts are made on the

removed from the acetabulum the proximal end of the neck rounded and the greater trochanter frac

tion of a good muscle lever when union between these fragments is complete After the operation a long spica is worn for six weeks and at the end of that time weight bearing is encouraged

In old congenital dislocations excess trauma of the head should be avoided In many such cases the construction of a new acetabulum should be undertaken instead of replacement of the dislocated femoral head

time Firm bony union was obtained after an average of seven months

The authors draw the following conclusions

A positive diagnosis can be made only by a puncture and guinea pig inoculation or exploratory operation

It is doubtful whether any tuberculous knee can be cured with mobility

A conservative course of treatment is early fusion by operation This may be done as early as the sixth year without disturbing the growth of the leg

FREMONT A CHANDLER MD

## FRACTURES AND DISLOCATIONS

Yates J L and Stevens G W Active Motion in the Treatment of Fractures *Ann Surg* 1925 LXXX 617

here as little as possible with the

contains a number of case reports and roentgenograms JOHN W POWERS MD

Hey Groves E W An Address on Ununited Fractures *Lancet* 1925 CCIV 35

Non union may be due to mechanical or vascular causes or to disease Mechanical causes include a gap between the bone ends unrestricted mobility

with presence of high rosis bone

ends Diseases causing non union are infections and new growths such as fibrocystic disease myeloma sarcoma and carcinoma

2 Pseudarthrosis bone ends eburnated and covered with fibrocartilage a joint cavity with capsule and synovial fluid between the ends of the bones

of bone lost and the The

in six north

Hibbs R A and Von Lackum H L The Treatment of Knee Joint Tuberculosis *J Am Med Ass* 1925 LXXXV 1289

The author review the end results in seventy seven cases of tuberculosis of the knee which were treated in the country branch of the New York Orthopedic Dispensary and Hospital in the period from July 1904 to July 1921 The average duration

spasm or symptoms of active disease had disap

began was 4 years

There was no evidence that trauma other than that

none has shown any evidence of a

# MISCELLANEOUS

## CLINICAL ENTITIES—GENERAL PHYSIOLOGICAL CONDITIONS

Wood F C Immunity in Cancer *J Am Med Ass* 1925 lxxxv 1039

For years it has been noted that human sarcoma and carcinoma disappear spontaneously or after incomplete removal. This is true especially of tumors which resemble sarcoma but are difficult to differentiate from the infectious granulomata. The fact that some of these regressions were coincident with bacterial infection led to the use of Coley's fluid but this was found ineffectual against carcinoma.

It seems evident that the primary tumor cells are closely related to the tissues of the host and are neither more nor less susceptible to immunization than the tissues of the body. However, when scar-

atized or squamous cell epithelioma about the face after a cure has been obtained with caustics. The low malignancy of tumors in old persons is due to the decrease in metabolic activity which occurs with age.

Radiation therapy was at first believed to cause direct destruction of the tumor cells but further investigation seemed to show that the body itself

has shown, however, that an increase in the lymphocytes both local and general does not create an immunity to the tumor cells. Experiments with

growth of a tumor and the development of metastasis depend upon a favorable blood supply.

The author is of the opinion that the capacity of the body to produce immunity against cancer has

## GENERAL BACTERIAL, PROTOZOAN AND PARASITIC INFECTIONS

Mills H W The Surgical Treatment of Echinococcosis *Med J Br R c* 1925 cxvii 407 460

The treatment of echinococcosis is essentially surgical except in cases of parabranchial cysts in which expectant treatment is indicated. The type of operation depends upon the organ involved and whether the cyst is of the suppurating or non suppurating type.

Seventy <sup>2</sup> - - -  
liver In s  
total extir  
pedunculat

enucleated. The two procedures used in hydatid cysts of the liver are the following:

1. The operation of Posados which consists in incision, the removal of the cyst contents and membrane, thorough drying of the cavity, excision of the redundant cyst wall and tight closure without drainage. The suture line is attached to the abdominal wall. This treatment is sometimes used even in suppurative cases.

2. Marsupialization and drainage. This is the accepted treatment for frankly suppurating and for large complicated cysts. Its disadvantages are that it is followed by a prolonged convalescence and is associated with suppuration and the danger of post-operative hernia.

In the spleen the - - -  
|

"In the spleen the - - -  
|



flexion and extension of the hip in the abducted

Cole W H Compensatory Lengthening of the  
Femur in Children After Fracture *A J Surg*  
1925 LXXXVI 609

On the basis of thirty-one cases previously re-

in plaster of Paris in the right angle position or as  
near this position as the stability of the reduction  
will permit

The after treatment is carried out according to

author's opinion the latter is the more accurate of  
the two

Four cases are reported

JOHN W POWERS M D

For some years investigations of various serological reactions have been carried out at the Walter and Eliza Hall Institute. The most important of

5 The treatment of simple cysts by the French method of injecting formalin before opening rests on a sure foundation but is much less rational in cases with daughter cysts. The laminated membrane of these cysts is relatively impermeable and

specific hemolysis. The test is quantitative and probably gives a fair indication of the amount of

6 In the treatment of hydatid of the liver any

tion such as rupture or operative interference in variably raised the amount of complement fixed and in practically all of this type of case positive results were obtained. In the cases of children in whom daughter cyst formation is very rare it was noted that absence of a reaction was the rule. This association of a high percentage of positive results with

in this article

The observations recorded and a study of daughter cyst formation lead Dew to emphasize the following points

1 The occurrence of daughter cysts in hydatid disease means that there has been some complication in the cyst. It follows that the pathology the symptom

occur

7 The presence of omental hydatids especially if they are multiple should at once lead to an ex

these cases a history of abdominal pain should be sought

8 Whenever an intrathoracic cyst is found to

3 is

3 Hydatid germinal membrane has a remarkable persistence and power of growth. Simple puncture of a simple cyst not only cannot be relied upon to effect a cure but may be followed by recurrence and a seco

4 soon danger the child well t

atypical and must be regarded as an expression of the activity of the germinal cells of the parasite which when they find their vitality menaced and continued production of scolices impossible react

Five and two tenths per cent of hydatid cysts

be the production of brood capsules and not such a phenomenon as the formation of daughter cysts in which brood capsules are often few. The age of the cyst alone does not necessarily determine daughter cyst formation as very large cysts of many years

adopted

In the peritoneal cavity hydatid cysts are usually secondary to cysts in the liver and spleen. Multiple operations are necessary in this location and the

1

urettage may suffice

operative interference

2 Chemical trauma due to the entry of bile urine or similar secretions into the potential space between the cyst and the adventitious capsule or into the cyst itself

3 Infective processes due to bacterial invasion of the potential space between the cyst and the adventi

1

Dew H R Daughter Cyst Formation in Hydatid Disease. *Some Observations on Its Causation and Effects*. *M d J Australia* 1925 11 497

the cyst

Hepatic pulmonary omental abdominal kidney subcutaneous muscle and heart cysts are discussed

cysts or grand daughter cysts

The reason for the formation of daughter cyst is still obscure

This article is an attempt to correlate a number of observations made by Dew during the past two years in a study of a large number of cysts removed at operation by his colleagues and himself at the Melbourne Hospital

Dew states that the phenomenon of daughter cyst formation is not universal and not necessarily biologically being an atypical and more or less accidental development

The belief that there are two distinct parasites has been proved incorrect by a great deal of direct experimental work and pathological and clinical evidence

sure was not only dangerous but did not always lead to the death of the parasite. Recurrence many years after tapping has often been reported

# BIBLIOGRAPHY of CURRENT LITERATURE

NOTE—THE BOLD FACE FIGURES IN BRACKETS AT THE RIGHT OF A REFERENCE INDICATE THE PAGE OF THIS ISSUE ON WHICH AN ABSTRACT OF THE ARTICLE REFERRED TO MAY BE FOUND

## SURGERY OF THE HEAD AND NECK

### Head

Traumatism of the head H C MITCHELL Illinois

1925 cxvii 582

J Orthodont.

fed J & Rec

### Eye

Contributions of ophthalmic science to progressive medicine H H McGUIRE Virginia M Month 1925 lii 475

The value of a routine examination of the eyes in a general diagnostic clinic M T MEYER New Orleans M & S J 1925 lxxviii 272

Relations between the semicircular canals and eye movements in man. L ANDROUÉ Semaine méd 1925 xxxii 718

Discussion on miners nystagmus T L LLEWELLYN J S HALDANE H S ELWORTHY H C MITTON and others Brit J Ophth 1925 ix 545

Teeth and eye relations W WALTER J Am M Ass 1925 lxxv 1720

Experimental studies of the cause of exophthalmos UNVERRICHT Klin Wchnschr 1925 iv 878

Exophthalmos a complication of nasal sinusitis C F WYCKE Am J Ophth 1925 33 viii 882

Pulsating exophthalmos B BARONI Arch. ital di chir 1925 xiv 225

Fractional ligation of the common carotid artery in the treatment of pulsating exophthalmos H H KERR Surg Gynec. & Obst 1925 xli 565

The heterophorias etiology and treatment R. C. YOUNG N. W. O. J. 1925 1

Ar

J Ophth 1925 1925 xxix 418

Temporary blindness after concussion G ANDERTON Brit M J 1925 ii 1005

Blindness which could have been prevented J M PATTON Nebraska State M J 1925 x 426

Illustrating the ocular manifestations of epidemic encephalitis I A ABRAHAMSON Cincinnati J M 1925 vi 456

Ocular phenomena produced by temporal lobe tumors W I LILLIE J Am M Ass 1925 lxxiv 1465

Ocular changes in renal disease R. J. Sisson J

1

1925 lxxvii 708

Operative treatment of the lachrymal sac G H POOLEY Proc Roy Soc Med Lond 1925 xviii Sect. Ophth 47 [180]

A treatment for fistula following dacryocystectomy S G HANDS J Iowa State M Soc 1925 xv 598

Neoplasms of the choroid M S KNIGHT Am J Ophth 1925

Posterior chamber cysts of the iris J H ROTH and C W GEIGER Am J Ophth 1925 33 viii 870

The significance of certain pathological pupillary changes P MOORE 5 xxii 427

Mc Rhode

Barratquer 1925 xv

592 The conjunctival flap in the cataract operation VAN LINT Bruxelles méd 1925 v 1353

Studies upon the fovea of the eye E P FORTIN Semaine méd. 1925 xxxii 603

Retinitis pigmentosa D T VAUGHAN, JR Cincinnati J M 1925 vi 465

Infantile ophthalmology gloma of the retina F R. P. ROY Clin. y lab 1925 xi 215

in this way the reaction being a purely defensive one to insure the carrying on of the species

CARL R. STEINKE M.D.

### SURGICAL PATHOLOGY AND DIAGNOSIS

Kappis M. The Diagnostic and Therapeutic Use of Paravertebral Injections of Novocain (Die diagnostische und therapeutische Verwertung der paravertebralen Novocaineinspritzung) *Therapie d. Gegenwart* 1925 lvi 335

or possibly even the second lumbar nerve on the diseased side. Anæsthesia of the third and fourth lumbar nerves was necessary also only when there was involvement of the lower portions of the ureter

differentiated by paravertebral injections but of course only with proper consideration of other clinical findings

of urine

always the conductors of pain

In the case of the pancreas the chief conductor of pain is the eighth left dorsal segment when the disease is confined to the gland alone. In other cases several segments on both sides are involved.

Patients with renal disease were relieved of pain after injections of the twelfth dorsal and first lumbar

per

- Acute nephritis following peritonsillar abscess J G SMITH J Oklahoma State M Ass 1915 xviii 261  
 Vincent's infection with a report of cases treated W PRITCHER Dental Cosmos 1925 lxxvii 1064  
 Syphilitic chancre of the tonsil associated with Plaut

## Neck

- Torticollis W A CLARK California & West Med 1925 xxxii 1429  
 A congenital fistula in the middle of the neck G A BR...

- Etiology of acute suppurative thyroiditis J G ZAPIOLA and L S MORENO Semana méd 1925 xxxii 566

- See also: P. AU SEELIG 1925 (183) xv 544

- Ztschr f Chir 1925 cxci 361  
 Induced hyperthyroidism O P KIMMALL J Am M Ass 1925 lxxxv 1709 [183]  
 Hyperthyroidism and dominant cardiovascular symptoms without goiter A S BLUMGARTEN Med Clin N Am 1925 ix 653  
 The use of iodine in the treatment of goiter C H MAYO Irish J M Sc 1925 530  
 The use of iodine in exophthalmic goiter A COBARRUBIAS Bol Soc de ciruj de Chile 1925 iii 223  
 The histological changes brought about in cases of exophthalmic goiter by the administration of iodine

- Clin N Am 1925 v 1143  
 A comparative study of 100 subtotal thyroidectomies State M [184] of toxic mesothorax H DRE [184] action

- Tracheotomy in the treatment of tuberculous laryngitis T R. RODGER Proc. Roy Soc Med Lond 1925 xix Sect Laryngol 8  
 Multiple laryngeal papillomata (subglottic) in a child A E LUNDON Canadian M As J 1925 xv 1140  
 Irradiation of laryngeal papillomata V F GALLAN Clin y lab 1925 xi 231  
 Laryngeal cancer in women. H ZOBIZARRETA Semana méd 1925 xxxii 680

- See also: J. D. YOUNG Med Lond 1925 xix  
 Sect Laryngol 6  
 The teaching of undergraduate laryngology L W DEAN Laryngo cope 1925 xxxv 73 [185]

## SURGERY OF THE NERVOUS SYSTEM

## Brain and Its Coverings Cranial Nerves

- The effect of magnesium sulphate on the cerebrum

- The management of head injuries W TROTTER. Lancet 1925 ccix 953  
 Traumatic epilepsy and its treatment by surgical measures W N ROSANOFF Arch f Clin Chir 1925 cxlvi 527  
 A trephination performed by...  
 The diagnosis and localization of tumors of the cerebrum and...

- Arterial accidents in the brain A D YOUNG J

- A pituitary tumor with atypical eye symptoms M J I SKEEP Cincinnati J M 1925 vi 467  
 A case of tumor of the vermis of the cerebellum M ALLERHALDE and M J SEPCH Rev Soc argent de neurol y psiquiatria 1925 i 103

Bilateral papillitis associated with accessory nasal sinus disease and nephritis. C W TOOKER Am J Ophth 1925 35 viii 878

Coloboma of the macula A L BROWN Cincinnati J M 1925 vi 465

Acute retrobulbar optic neuritis of paranasal sinus origin. W A CASSIDY Nebraska State M J 1925 x 439

## Ear

M J 1925 x 431

The present status of our knowledge of allergy in its relationship to otolaryngology W W DUKE Arch O 1925 x 431

Defects in the tone scale, their relation to poor spelling and loss of musical tone F L ALLOWAY Illinois M J 1925 xlviii 395

The prevention of gun deafness in the navy S W 1925 xlviii 395

Studies on the high frequency current, its value in 1925 xxxix 409

Diffuse labyrinthitis secondary to trauma operation recovery J BASAVILASO Semana méd 1925 xxxii 724

Zinc ionization as an advance in the treatment of otitis media H L WARWICK and H M STEPHENSON Texas 1925 xxxix 409

## Nose and Sinuses

A method of nasal plastic repair by a cartilage graft E WATSON WILLIAM Brit M J 1925 xi 987

Causes and failures in corrective rhinoplasty J MALINKA Laryngoscope 1925 xxxv 832 Ohio State M J 1925 xxi 807

Epiphora and catarrhal affections of the nose with the treatment G H BERNHAM Canadian M Ass J 1925 xv 1143

The significance and prevention of diseases due to intranasal disease M J GOTTIEB Laryngoscope 1925 xxxv 844

Points in differentiating acute rhinitis and accessory sinusitis G J ALEXANDER Hahnemann Month 1925 lx 674

Sinus infection in children. L W MEYERS J Labet 1925 xlv 543

The simulation of a brain lesion by disease of the paranasal sinuses D D V STUART JR. South M J 1925 xviii 790

emphasis on chronic antral infection. S McCULLAGH J Ophth Otol & Laryngol 1925 xxx 438

Maxillary sinusitis the problem of co-operation. C W 1925 xxx 438

xlviii 397

## Mouth

The catalase activity of the oral mucous membrane T SOULMAYY and R. L. HOWARD J Lab & Clin. Med. 1925 xi 130

Alveolar dental pyorrhea C RUPPE Presse méd Par 1925 xxxiii 1238

A case of cold abscess of the tongue G FANTOLINI Policlin Rome 1925 xxxii sez prat 1232

1925 xxx 36

Removal of sixty two screw worms from the soft palate L S GAUDER South M J 1925 xviii 824

Diathermy in stomatology B C CORBUS J Am. M Ass 1925 lxxxv 1614

## Pharynx

The tonsils G L RENAUD Clin. Med 1925 xxxii 768

Peripharyngeal as a beginning tonsillar manifestation W DINTENFAS and S S GREENBAUM Laryngoscope 1925 xxxv 758

The technique of the tonsil operation E H HUTCHINS Surg Gynec & Obst 1925 xli 673

A suture set for tying blood vessels in the pharynx and other deep cavities W MOLT Laryngoscope 1925 xxxv 833

Peritonsillar abscess varieties and classification. R BRICO Semana méd 1925 xxxii 642

- Acute nephritis following peritonsillar abscess J G W F RIENHOFF Jr Bull Johns Hopkins Hosp Balt  
1925 xxxvii 285
- Cutan Rev 1925 xxiv 658
- Clin N Am 1925 v 1143 [183]

## Neck

- Torticollis W A CLARK California & West Med  
1925 xxiii 1429
- A congenital fistula in the middle of the neck G  
1925 xxiii 1429
- L. JELLY Ohio State M J 1925 xxi 824
- A case of acute suppurative thyroiditis J C ZAPOLA  
and I S MORENO Semana méd 1925 xxxii 566
- P Au
- SEELIG
- xv 544
- 1925
- [183]
- Tracheotomy in the treatment of tuberculous laryngitis  
T R RODGER Proc Roy Soc Med Lond 1925 xix  
Sect Laryngol 8
- Multiple laryngeal papillomata (subglottic) in a child  
A E LUNDON Canadian M Ass J 1925 xv 1149
- Irradiation of laryngeal papillomata V F GALLAN  
Clin y lab 1925 xi 231
- Laryngeal cancer in women. H ZUBIZARRETA Semana  
méd 1925 xxxii 680
- Laryngeal carcinoma supplementary report of a case  
operated on eighteen years ago F L DENNIS Colorado  
Med 1925 xxi 421
- Large pharyngostomes a complication of laryngec-  
tomy how to avoid them the technique of their closure  
A G TAPIA Proc Roy Soc Med Lond 1925 xix
- Zeitschr f Chir 1925 cxci 361
- Induced hyperthyroidism O P KIRBALL J Am M  
Ass 1925 lxxxv 109 [183]
- Hyperthyroidism and dominant cardiovascular symp-  
toms without goiter A S BLUMGARTEN Med Clin N  
Am 1925 ix 653
- The use of iodine in the treatment of goiter C H  
MAYO Tr b t M S
- COBARR
- 68
- cases of
- iodine
- Jell Laryngol 6
- The teaching of undergraduate laryngology L W  
DEAN Laryngoscope 1925 xxxv 735 [185]

## SURGERY OF THE NERVOUS SYSTEM

## Brain and Its Coverings Crapial Nerves

- The effect of magnesium sulphate on the cerebrospinal  
fluid pressure and on the brain volume E J MORRISSEY  
Arch Surg 1925 xi 778 [186]
- Acute hypotension of cerebrospinal fluid following cra-  
nial traumatism. E STULZ and F STRICKER. Ann Surg  
1925 lxx ii 678
- The management of head injuries W TROTTER  
Lancet 1925 ccix 953
- Traumatic epilepsy and its treatment by surgical mea-  
sures W N ROSAHOFF Arch f klin Chir 192  
ccxxvi 527
- Arterial accidents in the brain A D YOUNG J  
Oklahoma State M Ass 1925 xviii 264
- The diagnosis and localization of tumors of the cerebrum  
and cerebellum L. SCHOENBAUER Mitt a d Grenzgeb  
d Med u Chir 1925 xx iii 516
- The diagnosis symptoms and treatment of tumors of  
the frontal lobe L. LOUSSEFF Presse méd 1925 xxxiii  
1201
- A pituit - - -
- INSKEEP
- A CASE
- ALLERHALD
- rol y psiq - - - 1925



Intracranial tumors and the surgeon H CUSHING  
Lancet 1925 cxix 956  
Various types of pathological lesions of the central  
nervous system that are readily amenable to surgical  
measures F SCHENCK and N A...

Surgery of the sympathetic nervous system. O HART  
Leipzig Barth 1925

1345  
The question of periaxillary sympathectomy G  
MONASCHKEV Zentralbl f Chir 1925 li 1312

1353  
Has periaxillary sympathectomy a real influence upon  
osteo-articular tuberculosis? C BERTONE. Polichia. Rome  
1925 xxxi sez prat. 1349

### Spinal Cord and Its Coverings

Extradural spinal meningeal hemorrhage without gross  
injury to the spinal column J REID and J KENNEDY  
Brit M J 1925 ii 546

Three cases of syphilitic anterior poliomyelitis one the  
acute form. FRIBOURG-BLANC and JACSON Presse méd  
Par 1925 xxxii 1190

A manometric study of the cerebrospinal fluid in sus-  
pected spinal cord tumors B STOKELY H R MERWARTH  
and A M FRANTZ Surg Gynec & Obst 1925 xli 429  
[187]

Experiences in thirty three laminectomies C H  
LASCH Deutsche Ztschr f Chir 1925 cxcii 109

### Sympathetic Nerves

The double innervation of striate muscle its application  
to the pathology and therapeutics of contractures P  
OUERY Presse méd Par 1925 xxxii 1271

### Miscellaneous

lxviii 698

de Par 1925 xiv 612

## SURGERY OF THE CHEST

### Chest Wall and Breast

Thoracic cold abscess of interlobar origin DUNET  
Lyon chir 1925 xxi 555

A large cold abscess of the thorax with multiple loci  
COUREBOULES Lyon chir 1925 xxi 573

A guillotine for dividing the first rib in paravertebral  
thoracoplasty H LILIENTHAL Surg Gynec. & Obst  
1925 xli 338

xiv 442

### Trachea Lungs and Pleura

An experimental study of the markings seen in roent-  
genograms of the lungs L. ARCHIBALD Canadian M J 1925

1103  
Fat necrosis of the breast C. ROWNTREE Lancet  
1925 cxix 1065

The treatment of beginning mastitis with local injections  
of autogenous blood, W SCHNITZER Zentralbl f Gynaek.  
1925 xlix 1293

Contribution on the histology of involutional changes in  
the female breast and their significance with reference to  
the formation of tumors H SESSS Dissertation Erlangen  
1925

Simple lactating adenoma of the breast A E. BOTHWELL  
Am. J. M. Sc. 1925 clxx 731

45 A 1925  
X-ray demonstration of pulmonary changes in tubercu-  
losis by lipiodol injection L. ARCHIBALD Canadian M J 1925  
xv 1000

- A case of bronchial lithiasis A A RAMONDI Rev  
Soc de med interna 1925 1 438  
Foreign body in a bronchus F W HUGHES Canadian

- Cardiolysis for chronic mediastinopericarditis E A  
GRAHAM Surg Clin N Am 1925 v 1396 [189]

## Esophagus and Mediastinum

- (Esophageal findings C J IMPERATORI Arch Oto-  
laryngol 1925 11 441

- The symptoms in a case of mega-esophagus M R  
CASTAY A J HEIDENREICH and R L REPETTO Rev  
So d m d n

- 1025 X4 1148

- Surgical treatment of pulmonary tuberculosis G P  
MULLER Atlantic M J 1925 ~~xxx~~ 74

- Experimental studies on operative collapse of the lungs  
S KUMI Mitt a d med Fak d k Univ Kyu hu Fukuo  
ka 1925 x 145

- Abstracts of the lungs M C PINCOFFS South M J  
1925 XVIII 777

- The bronchoscopic treatment of lung abscess M C  
MYERSON Surg Gynec & Obst 1925 vi 573 [189]

- Spirochætal pulmonary gangrene B S KLINE and  
S S BERGER J Am M A s 102 LXXV 1452

- Primary lung tumor in mice following the cutaneous application of coal tar J B MURPHY and E STURM J Exper Med 1925 41: 602

- The treatment of acute empyema E. L. IRWIN New Orleans M. & S. J. 1925 lxxxviii 27.

- E tensive resection of a portion of the rib the only treatment for stubborn pleural fistulae M GUILLEMIET and K LABRY Presse méd Par 1915 xxxviii 1252

- synéc de Par 1025 xlv 582

- The thymus and the treatment of its hyperfunction  
clinical and roentgenological considerations L R  
DE BUYS E C SAMUEL and E R BOWIE J Am M  
A 1923

### Miscellaneous

- Progress in thoracic surgery C A HEDBLUM, Illinois  
M J 1925 xlviii 3 4

- The diagnosis and treatment of intrathoracic lymphadenopathy from a review of 11 cases.

## Heart and Pericardium

- Gunshot wound of the heart repair under local anes-  
 thesia. (ER and W. A.)

## SURGERY OF THE ABDOMEN

## Abdominal Wall and Peritoneum

- | Age | Sex | Height | Weight | Temp | Pulse | Respiration | Blood Pressure | Urine  | Stool  | Other |
|-----|-----|--------|--------|------|-------|-------------|----------------|--------|--------|-------|
| 18  | M   | 170    | 65     | 37.5 | 72    | 18          | 120/80         | Normal | Normal | None  |
| 22  | F   | 155    | 50     | 37.2 | 68    | 16          | 110/70         | Normal | Normal | None  |
| 25  | M   | 165    | 60     | 37.3 | 70    | 17          | 115/75         | Normal | Normal | None  |
| 28  | F   | 150    | 45     | 37.1 | 65    | 15          | 105/65         | Normal | Normal | None  |
| 30  | M   | 175    | 70     | 37.4 | 75    | 19          | 125/85         | Normal | Normal | None  |
| 32  | F   | 158    | 48     | 37.2 | 67    | 16          | 110/70         | Normal | Normal | None  |
| 35  | M   | 168    | 62     | 37.3 | 71    | 17          | 118/78         | Normal | Normal | None  |
| 38  | F   | 152    | 46     | 37.1 | 66    | 15          | 108/68         | Normal | Normal | None  |
| 40  | M   | 172    | 68     | 37.4 | 74    | 18          | 122/82         | Normal | Normal | None  |
| 42  | F   | 156    | 47     | 37.2 | 67    | 16          | 110/70         | Normal | Normal | None  |
| 45  | M   | 170    | 65     | 37.5 | 72    | 18          | 120/80         | Normal | Normal | None  |
| 48  | F   | 154    | 49     | 37.2 | 68    | 16          | 110/70         | Normal | Normal | None  |
| 50  | M   | 174    | 72     | 37.4 | 76    | 19          | 124/84         | Normal | Normal | None  |
| 52  | F   | 157    | 49     | 37.2 | 68    | 16          | 110/70         | Normal | Normal | None  |
| 55  | M   | 170    | 65     | 37.5 | 72    | 18          | 120/80         | Normal | Normal | None  |
| 58  | F   | 155    | 50     | 37.2 | 68    | 16          | 110/70         | Normal | Normal | None  |
| 60  | M   | 172    | 68     | 37.4 | 74    | 18          | 122/82         | Normal | Normal | None  |
| 62  | F   | 156    | 47     | 37.2 | 67    | 16          | 110/70         | Normal | Normal | None  |
| 65  | M   | 170    | 65     | 37.5 | 72    | 18          | 120/80         | Normal | Normal | None  |
| 68  | F   | 154    | 49     | 37.2 | 68    | 16          | 110/70         | Normal | Normal | None  |
| 70  | M   | 172    | 68     | 37.4 | 74    | 18          | 122/82         | Normal | Normal | None  |
| 72  | F   | 156    | 47     | 37.2 | 67    | 16          | 110/70         | Normal | Normal | None  |
| 75  | M   | 170    | 65     | 37.5 | 72    | 18          | 120/80         | Normal | Normal | None  |
| 78  | F   | 155    | 50     | 37.2 | 68    | 16          | 110/70         | Normal | Normal | None  |
| 80  | M   | 172    | 68     | 37.4 | 74    | 18          | 122/82         | Normal | Normal | None  |
| 82  | F   | 156    | 47     | 37.2 | 67    | 16          | 110/70         | Normal | Normal | None  |
| 85  | M   | 170    | 65     | 37.5 | 72    | 18          | 120/80         | Normal | Normal | None  |
| 88  | F   | 154    | 49     | 37.2 | 68    | 16          | 110/70         | Normal | Normal | None  |
| 90  | M   | 172    | 68     | 37.4 | 74    | 18          | 122/82         | Normal | Normal | None  |
| 92  | F   | 156    | 47     | 37.2 | 67    | 16          | 110/70         | Normal | Normal | None  |
| 95  | M   | 170    | 65     | 37.5 | 72    | 18          | 120/80         | Normal | Normal | None  |
| 98  | F   | 155    | 50     | 37.2 | 68    | 16          | 110/70         | Normal | Normal | None  |
| 100 | M   | 172    | 68     | 37.4 | 74    | 18          | 122/82         | Normal | Normal | None  |

- 9 5 A 118

- Clinical considerations upon the blood supply and abscess formation of the abdominal wall G. GIULIANI  
Arch ital di chir 1925 xiv 131

- Abdominal pain due to epigastric hernia J W HINTON  
Am J M S

- Am J M
- 
- A 1999

- ## A case

- P. FERRAN

- The per

- inguinal h

- A clinical contribution on oblique, internal inguinal her-

- Report of a case of inguinal hernia complicated by

- Obst & Gynec 1955; 9: 509

- A report upon a modification of the Bassini Andrews operation for inguinal hernia. J H FOWES Hahnemann

- man Month 1925 1x 641

- CUB Y LAB 1025, P. 261

- Experimental studies in the prevention of atherosclerosis in the abdominal cavity. P. ROSSIGNOL. *Arch. f. klin. Chir.*

- Drainage of the peritoneum: its value and indications

A large mesenteric cyst in an infant C P LAPAGE and J MORLEY *Lancet* 1925 cclix 1116

### Gastro Intestinal Tract

The diagnosis and non surgical treatment of chronic

Ulcer of the stomach in children. E E MARFIZ. *Chn. y lab* 1925 xi, 239

A case of multiple ulcers of the stomach subtotal gastrectomy F BAYMA *Ann laul: tas de med. e cirug* 1925 xvi 75

1925 ix 363

Recurrent hair ball of the stomach R. HARRIS *Lancet* 1925 cxix 1066

Gastric disorders following ep gastric hernia J R. GOYENA *Semana med* 1925 xxxii 673

Gastric motor disturbances and visualization of the appendix. R. C. SHAWHAN *California & West. Med.* 1925 xxxii 1434

A fatal case of gastric tetany R F AITKEN *Brit. M J* 1925 ii 898

Cardiospasm J M MARCUS *Med. Chn. N Am* 1925 ix, 853

Congenital pyloric stenosis M ARQUELLADA *Pediatr españ* 1925 xiv 257

Normal gastric digestion. M E REHFUSS *J Am M Ass* 1925 lxxxv 1599

The fractional and single specimen gastric tests their relative advantages R S HUBBARD and J A. LIGHTY *Ann Clin Med* 1925 iv 393

Fractional study of the digestion in the diagnosis of gastropathies L. G. BARRÓN *Cron méd Lima* 1925 xi 1 262

Pre-operative preparation of patients with gastric diseases R H HOWARD *Bol inst de clin. quir* 1925 i 175

Observations on gastric pathology. III Non-carcinomatous tumors and inflammations of the stomach studied in resection specimens V ORATOR *Arch f path Anat* 1925 cclvi 230

Gastric syphilis L RITTER *Beitr z klin Chir* 1925 cxxxiv 180

Syphilis of the stomach J M MARCUS *Med. Clin N Am* 1925 ix 717

The present conception of treatment of ulcer of the stomach. F L RICO *Rev méd. de Sevilla* 1925 xlv, 4

The dietetic treatment of ulcer of the stomach and duodenum A JAROTZKY *Presse méd Par* 1925 xxxiii 1288

R. — f the ulcer G

83

de la clin. Blaudin 1925 xxx 354

The treatment of gastroduodenal hemorrhage L. URRUTIA *Arch de med cirug y especial* 1925 ix, 433

— f A ARNOLD

23 The operative treatment of perforated gastric and duodenal ulcer and the perforation of peptic jejunal ulcer after 72 hr f

with fed

Klin. 1925 xxi 1120

One thousand operations for gastric duodenal and jejunal ulcers V LAUCHER *Surg Gynec & Obst* 1925 xli 711

— my wounds 69

— tears after REERY G 664 [193]

— reb. Surm [193]

1925 xi 790

Observations on gastric pathology. II The pathology and genesis of carcinoma and carcinomatous ulcer of the stomach. V ORATOR *Arch f path Anat* 1925 cclvi 202

The diagnosis of cancer of the stomach A T HICEST *Guy's Hosp Rep Lond* 1925 lxxv 395 [194]

Cancer of the stomach an analysis of fifty cases at Guy's Hospital N L LLOYD *Guy's Hosp Rep Lond* 1925 lxxv 410 [194]

800

Constitutional spasmodic in round ulcer of the stomach and duodenum. R DE TULLIO *Riforma med* 1925 xli 896



Appendicitis and diseases of the right kidney ROCHET and  
TRÉVENOT *J de med et chir* 1925 xix 546 [196]  
Appendicitis and ovarian hemorrhages KOKACH

The evaluation and treatment of disturbed liver func-  
tion. C W McCLEURE W L MENDENHALL and M L L.  
HUNTSMAN *J Am M Ass* 1925 lxxiv 153 [196]

The therapeutic value of non surgical drainage of the  
biliary tract B B LYON and W A SWALM *J Am M*  
*Ass* 1925 lxxiv 1541 [196]

The pathogenesis of catarrhal icterus and other forms of  
jaundice MARCOT MUTZNER *Presse med Par* 19  
xxviii 1286

terna 1925 i 394

Adeno-epithelioma of the left flexure of the colon in a  
child of 10 years G SOLENTE and A BARANGER *Bull et*

Bue los Aires 1925 iv 331

Hepatic resection and cholecystectomy M FASOR  
*Arch ital di chir* 1925 xiv 301

Modified physiological processes following total removal  
of the liver F C MANN *J Am M Ass* 1925 lxxiv  
1472 [196]

M A A A. E. CORDE  
Zentralbl f

xxiv 31

The management of structure of the rectum with

M

I

tic

Soc 1925 xxiv 595

The gall bladder in acute conditions of the abdomen  
W E FALLIS Kentucky M J 1925 xxv 508

Gall bladder disease C F ANDREWS Nebraska State  
M J 1925 x 364 [196]

Some practical observations on gall bladder disease  
C J MILLER New Orleans M & S J 1925 lxxviii 228  
[196]

The relationship between disease of the gall bladder and  
IT W. SOPER

xxiv 393

The treatment of hemorrhoids by the galvanocautery  
W S WHITCOMBE Bnt M J 1925 ii 992

Hæmorrhoidectomy under local anesthesia C J  
DRUCK Chicago M Rec 1925 xlvii 366

### Liver Gall Bladder Pancreas and Spleen

The formation of obstructions in the biliary passages

bladder  
WILLIAMS  
1925 xv

589

with gall duct L KIRCH

xx

blad

de

508

Visualization of the gall bladder  
*J & Rec* 1925 xxvii 590

Cholecystography COSSER and LOEWY *Presse med*  
*Par* 1925 xxviii 118

The X rays as an aid in the diagnosis of the pathological  
gall bladder A S JOHNSON *Med J Australia* 1925 ii  
545

B C COCKEY Northwest  
199  
ache

CULLEN *Arch Surg* 1925 xi 718

The clinical use of tests for hepatic function C H  
GREENE *J Am M Ass* 1925 lxxiv 146

Some observations on the Rosenthal phenoltetrachlor  
phthalen test as a means of determining liver function  
FRIEDENWALD and Z MORGAN *Ann Clin Med* 1925  
iv 415

A new test of hepatic insufficiency V CALVO CRIADO  
and J CALVO MELENDE *Arch de med cirurg y especial*

1925 xx 583

The biliary aspects of liver disease P ROLS *Am J M*  
*Sc* 1925 clxx 625

Hepatic toxemias M J BARILARI and A. HARDY  
*Semana med* 1925 xxxii 706

The pathological physiology of the liver in relation to  
intoxication and infection. E. L. OPIE *J Am. M Ass*  
1925 lxxv 1533 [196]

778

Drainage of the gall bladder C W MOOTS. *J Am M*  
*Ass* 1925 lxxv 1487

Cholecystostomy hypotonic and atonic conditions of  
the gall bladder M CHIRAY I PAVEL and M MILEO-  
CHEVITCH *Presse med Par* 1925 xxxii 1217

Indications for cholecystostomy the operation of ur-  
gency the premeditated operation and the operation of

33 r  
xl

necessity J BERGER Presse méd Par, 1925 xxxiii 1174

The surgical indications in the treatment of gall-stone disease F COLMERS Muenchen med Wchnschr 1925 lxxii 1290

— —

—

1925 viii 675

A clinical contribution on hæmorrhagic pancreatitis L TONELLI Policlin Rome 1925 xxxii sez chir 442

—

Splenic anæmia H W BIRDSONG M A HUBERT and G O WHELCHEL J Med Ass Georgia 1925 xiv 453  
Observations on the blood cell of the rabbit after splenectomy R H MOLE J Path & Bacteriol 1925 xxviii 637 [200]

The results of splenectomy for acholuric jaundice especially the changes in the fragility of the red blood corpuscles J M H CAMPBELL and E C WARNER Guy's Hosp Rep Lond 1925 lxxv 432 [201]

Splenectomy for hæmolytic jaundice with the report of a case A E WILCOX Minnesota Med 1925 viii 682

### Uterus

Report of a case of uterus didelphys W A MALCOLM Am J Obst & Gynec 1925 x 712

Levator cervicis uteri F G DuBOISE Surg Gynec & Obst 1925 xli 834

The early surgical treatment of retropositions of the uterus M C ALJOVICH and E OJEDA Cron méd Lima 1925 xli 257

### Miscellaneous

A new maneuver in abdominal palpation C O Mc CORMICK Am J Obst & Gynec 1925 x 714

Pneumopentoneum H D MITCHELL Hahnemann Month 1925 lx 671

A complicating factor in the diagnosis of chronic upper abdominal disease J T MURPHY Ohio State M J 1925 xvi 815

Splanchnoptosis M J BREUER Med Herald & Electrotherap 192 xlv 271

Postencephalitis of the diaphragm C J GAMBLE O H P PEPPER and G P MUELLER J Am M Ass 1925 lxxxv 1485

Cysts of the urachus PATEL Lyon chir 1925 xxii 594

Retropentoneal cysts H W CAVE Surg Gynec & Obst 1925 xli 617

The report of a case of suppurative retropentoneal cysts of undetermined type C DECIO Riv ital di

NEY Boston

J E OLMO  
a méd 1925

— 603

A case of diaphragmatic hernia J M MADINAVEITIA Prog de la clin Madrid 1925 xxxii 375

A case of false acquired incarcerated diaphragmatic hernia H KOOPMANN Muenchen med Wchnschr 1925 lxxii 1159

A case of diaphragmatic hernia on the right side E KOLTA Fortschr a d Geb d Roentgenstrahlen 1925 xxxiii 565

Congenital diaphragmatic hernia in a newborn child U FERNÁNDEZ Rev Soc argent de nipiologia 1925 i 102

The treatment of strangulated and sphacelous diaphragmatic hernia A BONNIOT and P MAURY Lyon chir 1925 xxii 477

Acute inflammatory disease of the abdominal cavity

25  
Surgery in abdominal tuberculosis R R CRANMER J Lancet 1925 xlv 541

## GYNECOLOGY

The treatment of uterine prolapse by Lefort's operation. COTTE Lyon chir 1925 xxii 546

Intra uterine retention of bone for twelve years A J FRERS Bol Soc de obst y ginec de Buenos Aires 1925 iv 346

Intramuscular insecto s of ow m k i — —

### Adnexal and Perilutrine Conditions

J 1025 u 1220

1025 1 So

A. RICARD and H. LECONTE, *Gynéc et obst* 1925 xu 43  
129

Chordoma of the broad ligament under microscopic examination, necrosis  
Bégin Bull. Soc. d'obst. et de gynec. de Par. 1935  
xiv 573

1025 XIV 623

Myomectomy as the treatment of election for uterine fibroids V BOWEN Lancet 1925 ccix 1062

Heterotopic endometrial growths K. HEIM Zentralbl  
f. Gynaek 1925 xlix 1750

An experimental contribution on heterotopia of the uterine epithelium. G. HALTER. Wien med Wchnschr 1925 lxxv 1319.

696

Modification of the Rubin apparatus for insufflation of the tubes P GRAFFAGNINO Am J Obst & Gynec. 1925  
 5: 243

A study of the intramural portion of normal and diseased tubes with special reference to the question of sterility S H GEIST and M A GOLDBERGER Surg Gynec & Obst. 1925 xli 646

Acute inflammation of the tubes C. W. HERRITT  
Kentucky M J 1925 xxiii 503

Hæmorrhage pachysalpingitis DE ROUVILLE and  
MAZOV Bull Soc d obst et de gynec de Par 1925 xiv  
506

Intraperitoneal haemorrhage from the non gravid fallopian tube A. SOMMARU *Gynécologie* 1975 xiv 509

1945 13 3  
Signs and conditions of the action of an ovarian hormone  
S. LÖWEN Zentralbl f Gynaek. 1925 xlv 1735  
The biological action of the corpus luteum and inter-  
stitial gland of the ovary G. SCHUCKEL Gynec et obst. [202]  
19 5 xlv 97

Гунаек. 1025 сипу 771

Ovarian grafting W B BELL. Surg Gynec & Obst.  
1925 34: 66

Ovarian grafts experimental and clinical results with regard to menstruation fecundation and pregnancy T. TUFFIER and D. BOU. *Presse méd Par* 1925 xxxiii 1032 [205]

The question of temporary roentgen sterilization and its indication. H. BOGELL. Strahlentherapie 1925 xx 89

Cystic degeneration of ovarian debris after total castration VILLARD MICHON and CREYSSSEL. Bull. Soc. d'obst. et de gynec. de Par. 1925 IV 584.

Papillary cystomata of both ovaries. E. DE RAMOS  
Bol Soc de cirug de Chile, 1923, in 237

1925 11

TDC

for

Ser

Organization of a cancer service M DONALDSON

XIV 449

Two cases of hydatidiform mole one of which was fol-  
lowed by chorionepithelioma T B SELLERS Am J  
Obst. & Gynec. 1925 x 740

Results in surgery of the uterus and adnexa E. H. POOL  
and E. M. HAWES Surg., Gynec. & Obst., 1925 xl 825

The intrapelvic fascia N BARTELIAN Presse méd  
Par 1925 xxxiii 1176  
The influence of social factors on the development of  
affections  
A SPIEGEL

Sympathetic neurosis of the female sexual organs  
P

1925 xiv 571  
Spontaneous rupture of a sarcoma of the ovary II  
KOSTER Am J Obst & Gynec 1925 x 716

### External Genitalia

Gynec 1925 x 633

lxx 63  
Bacteriological diagnosis and prognosis in gynecology

69  
Roentgen treatment of inflammatory disease of the pelvis  
in gynecology C FRIED Strahlentherapie 1925 xiv 649  
The value of combined organic and radiation therapy in  
disturbances of genital function in the female A LANDE

Gynaek 1925 xlix 1958  
The question of the cause and treatment of the vaginal  
leucorrhoea A LANDEKER Arch f Gynaek 1925 cxiv  
367  
The symptoms of vaginal cysts B BIENEFELD

I Soc

Bull

1925  
The surgical treatment of varicose veins of the female  
pelvis L A EMGE J Am M Ass 1925 lxxxv 1690  
The symptoms of Douglas hernia J FABRICIUS Wien  
klin Wchnschr 1925 xxxviii 608

The technique and indications for drainage of the pouch  
of Douglas ROGGE Deutsche med Wchnschr 1925 li  
1324

### Miscellaneous

The genital cycle L CAMILLON Rev franç de gynéc  
et d obst 1925 xx 511  
D

nstrual

1925

xxviii 618

The influence of menstruation upon the carbon-dioxide

lat 1925 xiv 593

1925 xxxviii 634.

The treatment of sterility in the female and of dys  
menorrhoea by the intra uterine tube A HAMM Bull  
Soc d obst et de gynéc de Par 1925 xiv 618

Artificial impregnation in man and animals M MET  
TENLITER Muenchen med Wchnschr 1925 lxxv 977

Milk injections in pelvic conditions V B ROBERTS  
Cincinnati J M 1925 vi 460

An unusual case of pelvic fistula W M BEACH Am  
J Surg 1925 xxxv 272

Bladder fistula in gynecology and obstetrics E F  
SCHMITZ Surg Clin N Am 1925 v 1345

## OBSTETRICS

### Pregnancy and Its Complications

Conception in the presence of an uninjured hymen C  
W BUSCHOFF Zentralbl f Gynaek 1925 xlix 1034

The early diagnosis of pregnancy I WERNER Wien  
klin Wchnschr 1925 xxxviii 530

Lipiodol in the diagnosis of pregnancy C HETZER  
Lancet 1925 cxix 1111

Early pregnancy following delivery case report W  
BREHM Ohio State M J 1925 xxi 826

Full term multiple pregnancy in a uterus bicornis  
bicollis C L HOULROY Brit M J 1925 ii 946



The physiology and signs and symptoms of the toxemia of pregnancy J L. JONA. Med J Australia 1925 ii, 548

A case of transitory hemiplegia and aphasia due to

IV 1152

gynec. de Par 1925 xiv 581

The opotherapeutic treatment of the vomiting of pregnancy B LEHMANN Rev franç de gynec. et d'obst 1925 xx 43

The use of serum in the toxemia of pregnancy L. POLOVSKY Zentralbl f Gynaek 1925 xlix 1396

xxii 422

Changes in the pulse volume during pregnancy W. HATPE Deutsche med Wchnschr 1925 li 907

Certain cardiovascular conditions in the pregnancy of

1925 xix 338

1925 xxxviii 637

698

Endothelial changes appearing in eclampsia and their significance G DOMAGE. Klin. Wchnschr 1925 iv 1011

The treatment of eclampsia C S NORBURN South M & S 1925 lxxvii 655

Eclampsia a summary of its present-day treatment C J MCCUSKER Northwest Med 1925 xxiv 536

Indications for interference during pregnancy R. V. WAWR Med J Australia 1925 ii 577

Technical simplification of interruption of pregnancy and definitive sterilization. P GALL Riv ital di gynec. 1925 iii 735

Artificial interruption of pregnancy for contracted pelvis P KUERNEL Zentralbl f Gynaek 1925 xlix 1895

Complete vaginal extirpation of the pregnant uterus under local anesthesia in pulmonary tuberculosis A

1925 xli 655

Extra uterine pregnancy co-existing with a normal preg

1925 iv 1451

Rupture of a tubal pregnancy in the seventh month VALLOIS DELMAS and ROUME. Bull Soc d'obst et de gynec de Par 1925 xiv 601

Tubal pregnancy G AUD K ntucky M J 1925 xxii 510

Recurring tubal pregnancy E MOMIGLIANO Arch ital di chir 1925 vi 792

Two different tubal pregnancies in the course of five months R STRIVINSKI Rev franç de gynec. et d'obst 1925 xx 461

Extra uterine pregnancy D W

xiv 623

A case of spontaneous central tearing of the placenta in premature separation of the normally inserted placenta E WIRT Zentralbl f Gynaek 1925 xlix 1768

So-called intonation of pregnancy J C. BEKER Nederl Tijdschr v Geneesk 1925 lxxix 2008

J FINE Bull N J 1925 ii 300

Post abortal curettage A GROSSE Rev franç de gynec et d'obst 1925 xx 441

Syphilitic prenatal treatment (from April 1923 to April 1924) at the Louisville City Hospital prenatal syphilitic clinic W J YOUNG and C H LUKENS South. M J 1925 xviii 85

Tuberculosis in pregnancy artificial pneumothorax in pregnancy and labor A A RAIMONDI and T GONZALEZ Rev med Lat. Am. 1925 x 1308

A case of pulmonary tuberculosis and pyelonephritis complicating pregnancy at term. T J GONZALEZ Bol. Soc. de obst. y gynec. de Buenos Aires 1925 iv 339

- I n in a  
Bull Obstetrical anaesthesia by urea compounds P DELMAS  
and A ROUME Presse méd Par 1925 xxviii 1171  
A case of labor during sleep F LEYEN Gynécologie  
1925 xiv 54  
Synergistic anaesthesia in obstetrics F A PIERCE  
T S I A L A  
Fort
- et al. 1925 lxvii 50/  
Cancer and pregnancy H EDELBERG and J S GALANT  
Arch f Gynaec 1925 cxiv 833  
Carcinoma and pregnancy S PELLER Wien klin  
Wchnschr 1925 xxxviii 892

### Labor and Its Complications

- Should vaginal examination during labor by midwives  
be prohibited and rectal examination substituted for it?  
K REIFFERSCHNEID Deutsche med Wchnschr 1925 li  
1220  
T "

- Prolonged labor J L MACKAY Northwest Med  
1925 xiv 551  
Fibroma of the cervix obstructing delivery GAUJOURN  
and CABOUAT Bull Soc d obst et de gynéc de Par  
1925 xiv 599  
Stricture of the vagina caesarean section R E  
TOTTENHAM Brit M J 1925 ii 897  
Aplastic stenosis of the cervix P DELMAS Bull  
Soc d obst et de gynéc de Par 1925 xiv 60  
A case of unrecognized rupture of the uterus BALARD  
and MANGÉ Bull Soc d obst et de gynéc de Par 1925  
xiv 567  
Face presentation with multiple prolapsus (of the

- Prolapse of the cord in caesarean section L VALLOIS  
Bull Soc d obst et de gynéc de Par 1925 xiv 591  
T " d ob t

- J VRU  
CORREIA DA COSTA  
Rev d gynec e d obst 1925 xiv 312  
Late caesarean operation C CORREIA DA COSTA Rev  
de gyn "

- Some fractures of the upper limbs of the fetus due to  
manual podalic extraction T LORENZETTI Clin o tet  
1925 xxvii 393  
A hitherto unrecognised injury due to the forced  
Credè maneuver F SIEBER Zentralbl f Gynaek  
1925 xiv 1969  
The efficiency of forceps O PRITZ Wien klin  
Wchnschr 1925 xxxviii 641  
Kjelland's forcep and caesarean section L FRAENKEL  
Monatsschr f Geburtsh u Gynaek 1925 lxi 356  
Forceps deliveries and infant mortality G RITTER  
HALS Monatsschr f Geburtsh u Gynaek 1925 lxi  
182 [207]  
Obstetrical traumatism J M JORGE Rev Soc  
argent de ginepologia 1925 i 133  
Treatment of the umbilical cord by short ligation and the  
use of a clamp J F DICKS Am J Obst & Gynec 1925  
x 66  
The prevention and treatment of late retention of  
the placenta

- Obstetrical analgesia J D GUESS J South Carolina  
M Ass 1925 xi 267  
Synergistic analgesia in obstetrics I H NOVE  
Rhode Island M J 1925 vii 180  
The Cuthmey method of synergistic anaesthesia in  
obstetrics C E HUNT North est Med 1925 xxiv  
546  
Morphine scopolamine analgesia in obstetrics A W  
HOLMAN Northwest Med 1925 xiv 543  
Pantopon scopolamine semimarcosis in labor P J  
CARTER Am J Obst & Gynec 1925 x 693

### Puerperium and Its Complications

- The protein concentration of the blood serum in the  
puerperium. III Albuminuria and eclampsia G  
ALBANO Riv ital di gynec 1925 iii 791

- of com Arch determination of congenital lues H. O. VETTER  
 nanag BERG  
 perperal tsh u J W. R.  
 Gynaek 1925 lxx 174  
 Puerperal infection case report G. W. ROBERTS J  
 Am Inst Homoeop 1925 xviii 961  
 J. L. SCHULZ 1925 ii 1447

## Miscellaneous

de gynec de Par 1925 xiv 605

## Newborn

The prehensile capacity of the newborn N. FLORIS

Klin 1925 xxi 1038 1975

The obstetrical significance of studies of syphilis E. MARTIN Monatsschr f Geburtsh u Gynaek 1925 lxx 324

Rectal examinations in obstetrics C. COLDFEY J Iowa State M Soc 1925 xv 600

## GENITO-URINARY SURGERY

## Adrenal Kidney and Ureter

Experiments on the glomerular distribution of blood in the mammalian kidney J. M. HAYMAN JR and I. STARR JR J Exper Med 1925 xlii 641

Horseshoe kidney D. N. EISENDRATH F. M. PHIFER and H. B. CULVER Ann Surg 1925 lxxxi 735

Congenital renal anomalies O. VETTER Arch ital di urol 1925 ii 75

The treatment of war wounds of the kidney and the bladder in armies in the field MAISONNEUX Mil Surgeon 1925 lvi 561

Normal and pathological motility of the renal pelvis exploration by pyeloscopy B. FEY P. TRUCHOT and R. DOSSOT Arch urol de la clin de Necker 1925 vii 210

Functional tests and ureteral catheterization J. GOLDBERGER Verhandl d deutsch Gesellsch f Urol 1925 p 167

Relationship of the renal

Continuous catheterization of the ureter for calculous hydrops nephrosis in a case of solitary kidney R. LANDIVAR Semana med 1925 xxxii 377

Renal infection S. C. MCCOY Kentucky M J 1925 xlii 516

Renal decapsulation in acute nephritis with anuria E. ... H. V.

H. ... W. A.

Renal tuberculosis M. ... 1925 lxxxi 526

Roentgenography in renal tuberculosis W. LANZ LORRA Arch ital di urol 1925 ii 41

A calculus in the right kidney and an anomaly of the ureter J. L. BISQUERRI Bol Soc de cirug de Chile 1925 iii 219

Bilateral renal lithiasis G. J. THOMAS J Urol 1925 xiv 50

Calculous anuria and reflex ileus cured by distention of the renal pelvis M. ... J di urol med et chir 1925 xv 160

Total sclerolipomatosis due to renal lithiasis R. SPER Rev Soc argent de urol 1925 i 123

Polycystic kidney J. SILLERAS Rev Soc argent de urol 1925 i 114

The X-ray diagnosis of kidney tumors M. BROWN California & West Med 1925 xxxii 1435

The roentgen ray diagnosis of renal tumors A. T. MEYER Radiology 1925 v 416

5 The reasonable limits within which operation for renal cancer may be advisable ROGER and GHEVOR Lyon chir 1925 xiv 549  
 A functional lesion for exposure of the kidney P. FOSTER and J. L. DEUTSCH Gesell ch f Urol 1925 187

M C SOS

A MYERS

pyelonephritis  
 and capsulation of the other kidney recovery G. NICOLICH J d urol méd et chir 1925 xv 41  
 Pyelonephritic abscess J. L. MIRAZ J Oklahoma State Med J 1925 187

Rupture of the bladder R. B. MALCOLM Canadian M Ass J 1925 xv 1151  
 Specific infectious cystitis and pyelonephritis of cows F. S. JONES and R. B. LITTLE J Exper Med 1925 xlii 593

Ars med 1925 1 86

Diathermy in chronic urethritis E. ROUCAVROT and J. L. A. CHENET Rev med 1925 1 86

250

autovaccines and protein therapy A. TANSARD Presse méd Par 1925 xxviii 1254  
 Surgical treatment of urethral fistulae A. RAVARA M d Ibera 1925 ix 233

630

Atony of the ureter with dilatation and hydronephrosis: its clinical occurrence and its experimental production in animals W. ANDLER Ztschr f urol Chir 1925 xvii 263  
 [213]

Catheterization of the ureter with two or more sounds DOR J d urol méd et chir 1925 xix 50  
 A case of fissured ureter D. EGYEDI Verhandl d deutsch Gesellsch f Urol 1925 p 108

An unusual case of perfect functional result after end-to-end suture of the ureter CHEVASSÉ J d urol méd et chir 1925 xix 147  
 [215]

Uretero-ureteral anastomosis: an experimental study M. JOA. NIXON and C. H. HOLMES J Lancet 1925 xli 470  
 [215]

Ureterocystostomy PASTEAU J d urol méd et chir 1925 xix 551  
 [215]

### Bladder Urethra and Penis

Bladder reflux D. N. LISENDRATH H. KATZ and J. M. GLASSER J Am M Ass 1925 lxxxv 1121  
 [216]

Cases of diverticulum of the bladder G. LAYET and J. CHIBERT J d urol méd et chir 1925 xix 43  
 [216]

The question of diverticulum of the bladder A. FOSSENBERG Verhandl d deutsch Gesellsch f Urol 1925 p 265

The so-called cervical bar L. PROVEDINI Arch ital di urol 1925 ii 31

The internal bar and lateral cystography MARION and J. BLANC J d urol méd et chir 1925 xix 554  
 [216]

Excision of the phincter muscle of the bladder F. VOLCKMER Verhandl d deutsch Gesellsch f Urol 1925 261

Replacement of a contracted bladder by transposition of the sigmoid flexure I. STRASSMANN Zentralbl f Gynaek 1925 xlix 1122  
 [216]

### Genital Organs

Tl. im. of

1925 xiv 553

Prostatitis of non venereal origin T. BAKER J Am M Ass 1925 lxxxv 1626

Prostatic calculosis G. BALICE Riforma med 1925 xli 917

Prostatic hypertrophy H. O. FOGLAR Canadian M A J 1925 xli 11

4. Imm.

A case of complete obliteration of the posterior urethra following suprapubic prostatectomy H. ARDOLIN Bull et mém Soc nat de chir 1925 li 14  
 [219]

Lower fertility in the male D. MACOMBER J Am M Ass 1925 lxxxv 1603

Discussion on sterility and impotence in the male A. M. WALKER F. ADDY M. LEAHY J. S. JOLY and others Proc Roy Soc Med Lond 1925 xviii Sect Urol 56  
 [219]

Impotence C. S. EDDLEMAN Am Med 1925 xxii 140

The treatment of gonorrheal epididymitis L. B. COWAN Urol & Cutan R v 1925 xxix 660

Catheterization of the ejaculatory ducts A. G. CASAREGO Rev de med y cirug de la Habana 1925 xxy 544

Monorchidism with testicular activity and hernia of the affected side R SPURR *Rev Soc argent de urol* 1925 i 133

Tumors of the testis malignant and inflammatory F C SCHULTZ *Minnesota Med* 1925 viii 686

Malignant tumors of the testicle F HINMAN T F GIBSON and A A KUTZMAN *Ann Surg* 1925 lxxvii 552 [220]

Varicocele operation according to I nardi E FAJANSKI *Zentralbl f Chir* 1925 li 1944

#### Miscellaneous

The present-day status of urology in Europe C P MATTHE Internat J Med & Surg 1925 xxxviii 416

A case of enormous congenital dilatation of the urinary tract A ASTRALDI and I W TONLAS *Rev méd de Sevilla* 1925 xlii 1

Urinary retention G S FOULDS *Canadian M Ass J* 1925 xv 1034

Non parasitic chyluria A A KUTZMAN *Ann Surg* 1925 lxxvii 765

Some cases of hematuria G BLOCH *Arch ital di urol* 1925 ii 68

Discussion on bacterial infections of the urinary tract L S DUDGEON E LEPPER J THOMSON WALKER O

466

I Urol 1925 p 313

Urological findings in 100 cases of obscure abdominal and pelvic pain V J O CONOR *Med Herald & Electrotherap* 1925 xlv 259

The difficulty in distinguishing between the appearance of urinary stones and calcined abdominal gland when studied radiographically A L CURTIS *J Urol* 1925 xiv 489

Some unusual manifestations of spread by implantation of papillomata of the urinary tract B C MAYNARD and S C DYKE *Brit J Surg* 1925 xiii 3,7 [221]

Anaesthesia for minor urological operations. S W MOOREHEAD *J Urol* 1925 xiv 53

## SURGERY OF THE BONES JOINTS, MUSCLES, TENDONS

### Conditions of the Bones Joints Muscles Tendons Etc

Mechanical vs chemical methods in the treatment of wounds of bone H W ORR *J Lancet* 1925 xlv 515 [222]

The technique of bone suture R DEMEL *Zentralbl Ch*

1925 cxxxvi 369

A case of partial gigantism and osteohypertrophic varicose nevus. VAN NECK *Arch franco belges de chir* 1925 xxviii 599

Local atrophy as an anomaly of bone metabolism J FERBER *Arch Surg* 1925 xi 98

The onco-genetic importance of trauma V G VILLATA *Polichin. Rome* 1925 xxxii sez chir 451

Bone tumors H W MEYERDING *Minnesota Med* 1925 viii 618

A critical study of bone tumors of undetermined character M WELFING *Deutsche Ztschr f Chir* 1925 cxxv, 397

Thyroid and parathyroid tumors of the bones A FERREIRO and G SACERDOTE *Arch ital di chir* 1925 xv 273

The diagnosis and prognosis of bone sarcoma A KOTOVY *J Bone & Joint Surg* 1925 vii 911 [223]

The treatment of bone sarcoma by toxins radiation amputation or resection J C BLOOMGOOD *Am J Roentgenol* 1925 xi 243 [224]

A case of osteochondritis dissecans A FOURET and M

M

ctv 332

First observation of juxta articular nodules in Cyrenians

ons 224

225

As f 192 xv 631

The etiological and bacteriological aspects of rheumatoid arthritis. SIR H ROBERTSON *Brit M J* 1925 ii 599 [225]

Aural sepsis as a cause of arthritis W R ACKLAND *Brit M J* 1925 ii 594 [225]

Balneological treatment of arthritis R WATERHOUSE *Brit M J* 1925 ii 595 [225]

The toxic factor in arthritis R B OSGOOD *Brit M J* 1925 ii 596 [225]

The surgical treatment of arthritis. SIR R JOYNS *Brit M J* 1925 ii 59 [225]

The infective origin of arthritis J M H MUNRO *Brit M J* 1925 ii 598 [225]

Backache H S SHARPE Canadian M Ass J 1925

xv 1131

The cause and treatment of lumbago G A WAGNER  
Wien med Wchnschr 1925 lxxv 1374

The symptoms of sacral teratoma A HEDFELD

1

1

1

1

1

1

1

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1

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cine in tuberculous and non tuberculous disease of the  
joints LANGEMAK Muenchen med Wchnschr 1925  
lxxv 1338

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Monorchadism with testicular activity and hernia of the affected side R SPURR Rev Soc argent de urol 1925

133

Tumors of the testis malignant and inflammatory F C SCHULTZ Minnesota Med 19 5 viii 686

Malignant tumors of the testicle F HINMAN T E GIBSON and A A KUTZMAN Ann Surg 19 5 lxxxi 552 [220]

Vasicocele operation according to Isnardi E PAMINSKI Zentralbl f Chir 1925 liii 1944

### Miscellaneous

The present-day status of urology in Europe C P MATHÉ Internat J Med & Surg 19 5 xxxviii 416

A case of enormous congenital dilatation of the urinary tract A ASTRALDI and J W TOBIAS Rev méd de Sevilla 1925 xliii 1

Urinary retention G S FOULDS Canadian M Ass J 1925 xv 1034

Non parasitic chyluria A A KUTZMAN Ann Surg 1925 lxxxi 765

Some cases of hematuria G BLOCH Arch ital di urol 1925 ii 68

466

Fifty years of progress in the treatment of gonorrhea V G VECKE J Am M Ass 1925 lxxxi 1600

The provocative effect of roentgen rays in latent gonorrhea M DEUTSCH Verhandl d deutsch Gesellsch f Urol 1925 p 313

Urological findings in 100 cases of obscure abdominal and pelvic pain V J O CONOR Med Herald & Electrotherap 1925 xliiv 259

The difficulty in distinguishing between the appearance of urinary stones and calcified abdominal glands when studied radiographically A L CHUTE J Urol 19 5 xiv 480

MOORHEAD J Urol 1925 xiv 557

## SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

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Mechanical vs chemical methods in the treatment of wounds of bone H W ORR J Lancet 1925 xlv 515 [222]

The technique of bone suture R DEMEL Zentralbl f Chir 1925 liii 1587

Activities of bone cells S M COVE J Bone & Joint Surg 1925 vii 394 [222]

Experimental studies on the influence of pressure upon

1925 xxviii 590

Local atrophy as an anomaly of bone metabolism

The oncogenetic importance of trauma V G VILATA Polichin Rome 10 xxxi sez chir 431

Bone tumors H W MEYERDING Minnesota Med 1925 viii 628

A critical study of bone tumors of undetermined character M WUELFING Deutsche Ztschr f Chir 1925 cxii 397

Thyroid and parathyroid tumors of the bones V FERRERO and G SACERDOTE Arch ital di chir 1925 xi 274

The diagnosis and prognosis of bone sarcoma A KOLOBYV J Bone & Joint Surg 1925 vii 911 [223]

The treatment of bone sarcoma by toxins radiation amputation or resection J C BLOODGOOD Am J Röntgenol 1925 xiv 253 [224]

A case of osteochondritis dissecans A MORTCHER and M BRUAS Lyon chir 1925 xxi 510

The viscosity of the human synovia J SCHNEIDER Muenchen med Wchschr 1925 lxxxi 1071

Loose bodies in joints L ROGERS Practitioner 1925 cxv 337

A J 19 xv 93

The etiological and bacteriological aspects of rheumatoid arthritis SIR H ROLLESTON Bnt M J 1925 ii 539 [225]

Aural epiasis as a cause of arthritis W R ACKLAND Bnt M J 1925 ii 594 [225]

Biological treatment of arthritis R WATERHOUSE Bnt M J 1925 393 [226]

The toxic factor in arthritis R B OSGOOD Bnt M J 1925 ii 596 [227]

The surgical treatment of arthritis SIR R JONES Bnt M J 1925 ii 597 [228]

The infective origin of arthritis J M H MUNRO Bnt M J 1925 ii 598 [229]

Med 1925 xxxvi 650

On osteitis deformans (Paget's disease) and its relation to osteitis fibrosa and osteomalacia R L KLAGGS Bnt J Surg 1925 xliii 206 [223]

## SURGERY OF THE BLOOD AND LYMPH SYSTEMS

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- J HOHLBAUM Zentralbl f Chir 1925 lii 1764  
 Traumatic aneurism of the brachial artery causing  
 paralysis by pressure on the ulnar median and radial  
 nerves—a clinical lecture C E DOWMAN Am Med

- Microcytosis in hemolytic icterus B P WHITCHER  
 Am J M Sc 1925 clxx 6,8  
 Purpura hemorrhagica J S PICADO Semana méd  
 1925 xxxii 69  
 Hemophilia with report of two cases M G WOHL  
 Nebraska State M J 1925 x 442  
 Is there a hemophilia in the female? H W SIEMENS  
 Arch f Gynaek. 1925 cxiv 375  
 Blood transfusion G H JULLEY California & West  
 THOMPSON  
 O ANSINY  
 G BERLOW

- Regional metabolic disturbances associated with varices  
 S FREY Med Klin 1925 xxi 1158  
 The management of varices and leg ulcers WALTER  
 Muenchen med Wchnschr 1925 lxxii 1251

## Blood Transfusion

- The chemistry of the blood A C PRATT

- A case of shock from autohemotherapy A BANDELAC  
 DE PARIENTE Bruxelles méd 1925 v 1407

## Lymph Vessels and Glands

- The significance of the blood sedimentation reaction for  
 the practicing physician G LINZENMEIER Fortschr d  
 Therap 1925 i 205

- The lymph glands of the lower extremities MOST

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- Operative surgery, its history and future M PATEL  
 Lyon chir 1925 xxi 524  
 Hand disinfection with formalin A A BARSKY  
 Zentralbl f Chir 1925 lii 1713  
 Operating table rachialgia SIR J O CONOR Brit M  
 J 1925 ii 898  
 Some methods of removing foreign bodies from hollow  
 organs J CLEMENS Muenchen med Wchnschr 1925  
 lxxii 1293

- An extensive burn in an eclamptic patient rapidly cured  
 by skin grafting according to Ollier's method CHATELLIER  
 and GARY GASPARROU Bull. Soc d obst et de gynéc de  
 Par 1925 xiv 632  
 Plastic operations with tubular pedicle flaps P DIBAN  
 and J DIENERMANN Deutsche Ztschr f Chir 1925 cxci  
 164  
 Why do we use the drainage technique of Mikulicz and  
 Faure? A. MADRID Presse méd Par 1925 xxxiii  
 1289  
 On faith in ligatures SIR J BLAND SUTTON Brit M J  
 1925 ii 823





## Radium

- Radium the alleviator W L HARRIS Med J & Rec  
1925 cxvii 595  
Radium and X rays in the treatment of round cell  
sarcoma based on a study of sixty nine cases B F  
SCHREINER and C C HERGER Radiology 1925 v 399  
The use of radium in combination with X rays and sur-  
gery N S FINEZ Brit J Radiol 1925 xxx 430

### Miscellaneous

- Physical therapy C P EMERSON J Indiana State M  
As 10 5 xviii 407  
Surgical diathermy W B CHAPMAN Clin Med 1925  
xxix 755  
General light bath treatment its technique dosage and  
armamentarium I Technique and dosage A REYN and  
E COLLIN Acta radiol 1925 iv 289

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- Contribution to the study of pigmentation E MOM  
GLIANO Riv Ital di ginec 1925 III 711  
Death from anaphylactic shock R A MOVEY Med  
J Australia 1925 II 607  
Interstitial calcinosis F SCHULZE Arch f klin Chir  
1925 CXXXVI 339

- ing simultaneously L LEDERER Zentralbl f Gynaek.  
1925 xlix 1458  
The prognosis in cancer L HERLY Med J & Rec  
1925 cxxii 509

- The question of metastasis formation in rupture of carcinoma into the greater circulation H. JEANNERET

- CRILE, N York State J M 1925 xxv 1019  
Glandular block dissections for metastatic cancer A C  
SCOTT J Am M Ass 1925 lxxxv 1447

### General Bacterial Protozoan and Parasitic Infections

- Observations on the question of xanthomatous giant cell new growths O WESTMANN Deutsche Ztschr f Chir 1925 exen 38r
- A papilloma in the axilla W RICHTER Muenchen med Wchnsr 1925 lxxv 1158
- The granulomata Hodgkin's disease lymphosarcoma and leukemia A SOILAND Radiology 1925 v 410

- The hereditary transmission of tuberculosis SIMONIN  
and VERMELIN. Bull Soc d obst et de gynéc de Par 1925  
xiv 612
- Studies on the biology of the streptococcus erysipelas  
III Experimental production of erysipelas in rabbits and  
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sera K. E. BREKHAUG Bull Johns Hopkins Hosp Balt  
1925 xxxvii 307
- Gas bacillus infection J. L. TAYLOR. J Lancet 1925  
xlv 548
- Two cases of gas gangrene G. G. TABUTEAU J Roy  
Army Med Corps Lond 1925 xlv 383
- The value of the intradermal reaction in human hydatid  
disease O. CIGNOZZI Ann. Ital di chir 1925 iv 793
- The surgical treatment of echinococcosis H. W. MILLS  
Med J & Rec 1925 xciii 407 460 [233]
- Daughter cyst formation in hydatid disease: some ob-  
servations on its causation and effects H. R. DEW Med  
J Australia 1925 v 497 [234]
- Some unusual cases of echinococcus disease O. LANGE  
MAK Deutsche Ztschr f Chir 1925 xcvi 307
- Echinococcus. C. C. CAMPBELL. J Lancet 1925 xlv  
572

- ٥٤٠ الفصل ٥ من القانون رقم ١٢ لسنة ١٩٦٣

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LXXI 1385

The value of lumbar anæsthesia. H. GERMANN. Deutsche  
Ztschr f Chir 1925 LVIII 349

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The treatment of early paronychia W P COVES

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Krysolgan in children with surgical tuberculosis R  
TRAUTMANN Beitr z Klin d Tuberk 1925 LXI 638  
C W

ecturo-

W M

BOWMAN Virginia M Month 1925 III 504  
Death after the intravenous injection of collargol

174

Studies in local anæsthesia the standardization of local  
anæsthetics by their application to the sciatic nerve trunk  
of a frog L W SCHULZ J Lab & Clin Med 1925 XI,  
176Studies in local anæsthesia the relation between the  
time for paralysis of the sensory and motor fibers of a nerve  
by various local anæsthetics as determined by their action  
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& Clin. Med 1925 XI 130

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A brief review of four years treatment of malignant and  
benign neoplasms with X rays and high frequency currents.  
W P WHITTINGTON South. M & S 1925 LXXIV 645  
Roentgen ray treatment of the Bowen type of skin cancer  
H. H. HAZEN Am. J Roentgenol. 1925 XIV 450.  
X ray in cancer therapy B F SCHREINER and B T  
SIMPSON N York Stat J M 1925, XIV 1025

1925 XIV 518

The technique of roentgen procedures. I C. LEHMANN  
Bon Cohen 1925Treatment of inflammations with roentgen rays. H.  
CRAMER and H. KALKBRENNER Klin Wchnschr 1925 IV  
1019

## Radium

- Radium the alleviator W L HARRIS Med J & Rec 1925 cxiii 595  
 Radium and X rays in the treatment of round cell sarcoma  
 ger

- Implantation of radium emanation P E DURHAM Med J & Rec 1925 cxiii 527  
 The encirclement method of using buried radium tubes W S HANDLEY Brit J Radiol 1925 xxx 422

## Miscellaneous

- Physical therapy C P EMERSON J Indiana State M Ass 1925 xviii 407  
 Surgical diathermy W B CHAPMAN Clin Med 1925 cxiii 755  
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- ing simultaneously L LEDERER Zentralbl f Gynaek 1925 xlv 1458  
 The prognosis in cancer L HERLY Med J & Rec 1925 cxiii 509  
 The question of multiple malignant tumors T HONIGMANN Zentralbl f Chir 1925 li 1472  
 A case of mesenteric epithelioma with multiple metastases D STAFFIERI and F R. RUZ Rev méd d Rosario 1925 xv 190  
 The question of metastasis formation in rupture of carcinoma into the greater circulation II JEANNÉZ Arch f path Anat 1925 cclvi 684

- The results of the surgical treatment of cancer G W CRILE N York State J M 1925 xxv 1019  
 Glandular block dissections for metastatic cancer A C SCOTT J Am M Ass 1925 lxxxv 1447

## General Bacterial Protozoan and Parasitic Infections

- Observations on the question of xanthomatous giant-cell new growths O WUSTMANN Deutsche Ztschr f Chir 1925 cxci 381  
 A papilloma in the avilla W RICHTER Muenchen med Wchnschr 1925 lxxii 1158  
 The granulomata Hodgkin's disease lymphosarcoma and leukemia A SOILAND Radiology 1925 v 410  
 The nature of the defensive mechanism W C MACCARTY Surg Gynec & Obst 1925 xli 783  
 Presurgical conditions including cancer E H POOL Med J & Rec 1925 cxiii 540  
 The mature stage of carcinoma and cell division J PALLUYAT Ztschr f Krebsforsch 1925 xxi 251  
 The chemistry of malignant tumors and the chemical changes in the cancerous organisms with particular reference to sero-diagnostic methods and their chemical basis H KAHN Ergebn d inn Med u Kinderh 1925 xxvii 365  
 The influence of the changed surface tension during pregnancy upon the growth of malignant tumors develop-

- The hereditary transmission of tuberculosis SIMONIN and VERMELIN Bull Soc d obst et de gynec de Par 1925 xiv 612  
 Studies on the biology of the streptococcus erysipelas III Experimental production of erysipelas in rabbits and demonstration of the protective power of immune erysipelas sera K E BIRKHAUG Bull Johns Hopkins Hosp Balt 1925 xxxvii 307  
 Gas bacillus infection J L TAYLOR J Lancet 1925 xlv 548  
 Two cases of gas gangrene G G TABUTEAU J Roy Army Med Corps Lond. 1925 xlv 382  
 The value of the intradermal reaction in human hydatid disease O CIGNOZZI Ann ital di chir 1925 iv 93  
 The surgical treatment of echinococcosis II W MILLS Med J & Rec 1925 cxiii 407 460 [233]  
 Daughter cyst formation in hydatid disease some observations on its causation and effects II R. DEW Med J Australia 1925 ii 497 [234]  
 Some unusual cases of echinococcosis disease O LANGE MAE Deutsche Ztschr f Chir 1925 cxci 307  
 Echinococcus. C. C CAMPBELL J Lancet 1925 xlv 572

## Ductless Glands

Critical review of the literature of endocrinology and metabolism. G MARARÓV Arch de med cirug y especial 1925 xx 488

1925 xxv 375

From the surgical point of view. C L FROST J Michigan State M Soc 1925 xxv 574

Diagnostic and therapeutic use of paravertebral injections of novocain. M KAPPE Therapied Gegenw 1925 lxi 335 [Lb]

## Experimental Surgery

Experimental studies in methods of overcoming the difficulties of healing of homoplastic transplants. C. RONDE Beitr z klin Chir 1925 cxliii 111

## Surgical Pathology and Diagnosis

General pathology. N P TENDELOO Berlin Springer 1925.

## Hospitals Medical Education and History

An address on postgraduate medical education in England. SIR H J WARREN Brit. M J 1925 ii, 1927

APRIL 1926

# International Abstract of Surgery

*Supplementary to*  
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# INTERNATIONAL ABSTRACT OF SURGERY

APRIL 1926

## ABSTRACTS OF CURRENT LITERATURE SURGERY OF THE HEAD AND NECK

### HEAD

Dixon O J A Departure in the Management of  
Infections of the Sigmoid Sinus *Arch Oto  
laryngol* 1925 11 453

The development of sinus thrombosis depends upon (1) the difficulty of spontaneous drainage of the mastoid cells after they become infected (2) the close relation of the sinus to these pent up infected cells (3) the momentary arrest of the blood stream within the sinus during each inspiration and (4) the selective action on the blood elements of certain types of bacteria within the infected mastoid cells

The author does not open the sinus radically even when the clinical findings are those of an infected thrombus associated with chills, sharp fluctuations in the temperature, leucocytosis and sweating. Instead he merely uncovers the vessel thor

phases the moral responsibility of the school to the student with regard to such accidents

THOMAS D ALLEN M D

Duane A Subnormal Accommodation *Arch  
Ophth* 1925 11v 566

Through clinical research in accommodation Duane has called attention to many points often over

per  
bro  
ver

near work

The author divides insufficiency into two types viz static in which the accommodation is slightly subnormal (premature presbyopia) and dynamic with or without indoplegia. In the latter convergence insufficiency is the prevailing type of

1

trained without the use of an anæsthetic

This two-stage procedure has the advantage of reducing the virulence of the organisms within the mastoid process. The forty eight hour delay does

### EYE

Patton J M Ocular Protection for Laboratory  
Workers *Am J Ophth* 1925 38 11 929

While treating the eye of a junior medical student who was injured in an explosion in a chemical laboratory Patton investigated by questionnaire

Edmund C and Moeller H U Vision in Light  
of Reduced Intensity *Arch Ophth* 1925 11v  
531

The authors made a series of gray glasses numbered from 1 to 10 in such a manner that No 1 transmitted one tenth of the light No 2 one one



## EDITOR'S COMMENT

THE differences of opinion which exist among surgeons of experience as to the most satisfactory method of surgical treatment of ulcer are reflected in a number of abstracts which appear in the section on gastric surgery in this month's issue of the ABSTRACT. Sherren in discussing the technique of gastrojejunostomy (p. 275) emphasizes the importance of making the anastomosis cardiac to the ulcer when the operation is carried out for chronic gastric ulcer in making the opening in the stomach vertical and in having it extend when possible from the greater to the lesser curvature. Haberer (p. 278) believes that gastro-

reviewed in the section devoted to gastrointestinal surgery. The clinical use of functional tests of the liver (Shattuck p. 283) and the surgical treatment of general peritonitis (Arnett p. 273) are other important subjects in abdominal surgery concerning which helpful contributions have recently appeared.

A large number of interesting and important papers relating to various phases of urology are

prefers a Finney or Horsley operation for duodenal ulcer. Crile also stresses the value of the Sippy regime as an adjuvant to surgical treatment.

Rivers and Eusterman in a review of 150 cases of recurring peptic ulcer (p. 274) indicate the pathology and symptom complex of recurrence of ulcer following surgical intervention. Of the 150 cases studied by them one half were gastrojejunal ulcers. In the X-ray diagnosis of gastrojejunal ulcer Moore and Marquis' paper (p. 273) is of interest.

by Bergen and Logan in a paper appearing recently in the *Journal of the American Medical Association* (p. 280).

knowledge of the normal and abnormal anatomy and of the pathological changes occurring in the urinary tract in the correct interpretation of roentgenological findings are stressed in Braasch's paper on errors in interpretation of urographic findings (p. 303). Eisendrath's study of ureteral strictures, kinks and abnormal insertions of the ureter into the pelvis (p. 299) and Rathbun's statistics as to the incidence of ureteral stricture in the Brooklyn Hospital clinic.

Braasch's discussion of the recognition and treatment of urinary infection (p. 304). McArthur's description of a technique for the repair of ureteral injury (p. 300). Smith and Shoemaker's report of the end results in sixty-two cases of hypernephroma seen at the Massachusetts General Hospital (p. 97). Swan's conclusions as to methods of choice in the management of villous-covered tumors of the bladder (p. 300) and Eisendrath, Phifer and Culver's study of horse shoe kidney (p. 297) are other papers of note that are abstracted.

Rienhoff's study of the histological changes in exophthalmic goiter following iodine administration (p. 264) corroborates the findings reported by Cattell and Labey. Pemberton's report of the operative results in cases of goiter which were surgically treated at the Mayo Clinic during 1924 (p. 265) emphasizes the value of iodine administration in the control of hyperthyroid crises. A mortality of 0.8 per cent among 741 patients with exophthalmic goiter represents a remarkable achievement in the surgical treatment of thyroid disease.

operation by the aid of diathermy

Neame H. and Wolff E. Endothelioma of the Optic Nerve *Brit J Ophth* 1925 ix 609

The clinical differentiation of endothelioma of the optic nerve from fibromatosis is based upon the following facts

3 There is usually greater limitation of motion of the eyeball in endothelioma than in fibromatosis

The pathological differences of the two conditions are shown very clearly by photomicrographs

THOMAS D ALLEN M D

### EAR

Fowler E. P. Fundamentals of Bone Conduction  
*Arch Otolaryngol* 1925 ii 529

clearance of tone their initial cost is low and they require no expenditure for their maintenance. The best results are obtained in middle ear deafness of the catarrhal and otosclerotic types

MOLLISON agreed that patients suffering from internal ear deafness are seldom helped by any ear instrument

TILLEY reported that in cases of large perforations

fossula rotunda

otosclerotic types are benefited by electrical aids but those with senile deafness hear better with a

44 per cent received most assistance from trumpets and 45 per cent from electrical apparatus. In old age trumpets are most effective

CLEMONSON discussed an apparatus which helps to separate the words without modifying their intensity and has proved helpful particularly in senile deafness

FRASER reported that in cases of nerve deafness long black tubes have proved of value

STEVENSON suggested that experimental work may make the microphone a very good agent for the use of the deaf

A. R. HOLLENDER M D

Chisolm J. J. and Sutton A. C. Otomycosis  
Report of Nine Cases Treated with Potassium Iodide *Arch Otolaryngol* 1925 ii 543

The authors believe that otomycotic infections are more common than is generally supposed

ear

These fungi which belong to the mucoriceæ and aspergillaceæ are probably never the primary invaders but gain a foothold and penetrate deeply only after the skin has become macerated as the

usually with swelling of the canal tenderness and pain

When untreated the condition may persist for years with frequent exacerbations. The diagnosis is

tion was obtained. GEORGE R. MCULIFF M D

Love J. K., O'Malley J. F., Mollison W. M., Tilley H. and Others. Discussion on Artificial Aids to Hearing. *Proc Roy Soc Med Lond* 1925 xiii Sct Otol 37

In a discussion on artificial aid to hearing LOVE presented the wiring chart of the amplifier set used by Jones of Los Angeles

O'MALLEY divided all aids to hearing into two classes mechanical and electrical and stated that when the former give the desired results their use is preferable to electrical aids because they assure

pathological while well known have been worked out here with scientific exactness

VIRGIL WESTCOTT M D

Fraser J S Intranasal Dacryocystostomy *J Laryngol & Otol* 1925 xl 723

moved and bleeding Fraser gives no after treatment

Of the first forty eight patients treated by the operation described thirty-eight were regarded as cured five were benefited and five were not benefited

Of the next thirty five patients twenty three were cured but three of these required secondary operation In the remaining twelve cases the results were more or less unsuccessful Fraser states that most of the failures were due to the fact that the opening was not made large enough

CARL F BOOKWALTER M D

Wherry W B Acriflavine for Gonorrhœal Ophthalmia *Am J Ophth* 1925 35 viii 838

Reese A B Melanosis Oculi *Am J Ophth* 1925 35 viii 865

Since 1861 only twenty six cases of melanosis oculi have been reported In this article Reese reports a case seen in the Meller Clinic Vienna in which the eye was enucleated and studied microscopically The findings are reported with the aid of four illustrations Reese draws the following conclusions

Congenital pigment streaks on the posterior surface of the cornea are due to an aberration in development and are not manifestations of melanosis bulbi

AUBREY H PRINCE M D

Zimmermann E L The Treatment of Tabetic Optic Atrophy *Arch Ophth* 1925 liv 343

analysis of the results of treatment only

allows a much better prognosis than one with equal central vision but marked contraction of peripheral vision

VIRGIL WESTCOTT M D

Holloway T B Some Comments Concerning the Relationship of Tuberculosis to Certain Fundus Changes with Especial Reference to Peripherebtic Retinitis *J Int a State M Soc* 1925 xv 629

The diagnosis of intra-ocular tuberculosis (not

sons showing promerative changes patients were thoroughly examined in a general way A positive test for tuberculosis was obtained in the first case and fibroid changes were noted in both upper lobes in the second In both the change in time was slow

In the treatment of such conditions the author is conservative In cases with hæmorrhage the use of iodides locally and internally and of diionin locally is beneficial The use of tuberculin should be begun

While the course of the condition is rapid the prognosis is good provided the underlying cause is promptly removed. In the chronic form recovery is not as liable to be as complete as in the acute form. If it is possible to delay operation on the sinuses for

emphasized

GEORGE R. McALIFF, M.D.

### MOUTH

Thomson M. J. An Experimental Study of the Streptococci Found in Pyorrhæa Alveolaris. *Edinburgh M. J.* 1925 xxvii 781

In a study of pyorrhæa pockets Thomson ob-

heart and in all cases were due to streptococcus salivarius rather than streptococcus faecalis.

CHARLES W. FREEMAN, D.D.S.

Limberg A. The Treatment of Open Bite by Means of a Plastic Oblique Osteotomy of the Ascending Ramus of the Mandible. *Dental Cosmos* 1921 lxvii 1191

The author discusses the various operations on the mandible for orthodontic purposes. He considers surgical treatment indicated when open bite of

### PHARYNX

Negus V. E. Evolutionary Factors in the Production of Pharyngeal Diverticula. *J. Laryngol. & Otol.* 1925 xl 70

The author is of the opinion that if man, who is adapted to a diet of soft and finely divided food, begins when edentulous to swallow solid lumps of

muscle to relax

The article contains numerous illustrations

JAMES C. BRASWELL, M.D.

Lemere H. B. Adenoids and the Pharyngeal Bursa: Their Structure and Morphology. *Nebraska State M. J.* 1925 x 453

The author reports the case of a patient who

be taken to prevent injury of the surrounding tissues as scar formation destroys the glands and leads to dryness of the nasopharynx later in life.

The literature on the pharyngeal bursa is reviewed.

JAMES C. BRASWELL, M.D.

Hutchins E. H. The Technique of Tonsil Operation. *Surg., Gynec. & Obst.* 1925 xli 673

The author believes that tonsillectomy is being performed too frequently in the cases of children under 6 years of age and too soon after acute infections. The technique he recommends for tonsillectomy is as follows:

Preferably under general anesthesia the mucous membrane of the pillar is divided as closely as possible to the presenting surface of the tonsil by dissec-

dissection is carried down around the lower pole so as to include both tonsils.

By the blunt

at the juncture

The dissection

At the upper pole a network of veins is revealed. If these are sufficiently formidable they are clamped before they are divided. The tonsil is then removed.

suggested by the presence of scales flakes and crusts in the canal especially in a patient with an intermittent furunculosis and is confirmed by the finding of mycelia and spores in smears

In the treatment the authors use 05 per cent alcohol or 2 per cent salicylic acid in 70 per cent alcohol locally and give potassium iodide three

The treatment is as follows

THOMAS C. GALLOWAY M.D.

Raffo E. The Concomitance of Sinusitis and Bronchiectasis *Arch Otolaryngol* 1925 11 537

The author considers as tenable the theory that chronic sinusitis may be an etiological factor in bronchitis and bronchiectasis. The infection of the bronchi may occur through the lymph vascular system or by the direct inhalation of pus droppings into the bronchi.

the same cause (acute exanthemata) and occur simultaneously but the sinus infection is often overshadowed by the general systemic condition. While bronchiectasis is often secondary to bronchitis the bronchitis and sinusitis being in great

Symptoms of iodism must be watched for and

essential as it prevents the development of spores. Any mycelia developing after one course of treatment are killed by the next course.

GEORGE R. McAULIFF M.D.

Galloway T. C. Insulin in Diabetes with Mastoiditis. *Ann Otol Rhinol & Laryngol* 1925 xxiv 1184

Galloway reports a case of mastoiditis with only doubtful glycosuria but with a blood sugar value of 0.308 per cent. Simple mastoidectomy was followed by erysipelas absolute failure of wound repair

Gottlieb M. J. The Significance and Prevention of Blindness Due to Intranasal Disease. *Laryngoscope* 1925 xxxv 844

Blindness or a decrease of visual capacity caused by disease of the nasal accessory sinuses is far more frequent than is generally supposed.

Retrobulbar neuritis is due most frequently to disease of the nasal accessory sinuses and abscesses of the teeth and less commonly to toxemias from the intestines or tonsils syphilis and such substances as lead arsenic and acetone. The sphenoid and ethmoid are the principal sources of infection.

## NOSE AND SINUSES

Brooke C. R. Ultraviolet Rays in Nasal and Oral Conditions. *Med J & Rec* 1925 cxv 081

Brooke is very enthusiastic regarding the use of ultraviolet rays in nose and throat conditions. He discusses their action and the technique of their application in infections and hay fever. He believes that air-cooled lamps have a biological action and water-cooled lamps a bactericidal action.

of mitotic figures and almost complete disappearance of epithelial desquamation in the acini

ARTHUR L. SKEFFLER M.D.

Maclean N. J. Observations on the Treatment of Goiter *J. Iowa State M. Soc.* 1915 xv 653

Th. . . . .

often accompanied by definite arrhythmia and car-

complications depends upon the early recognition and treatment of incipient hyperthyroidism. Important aids in the diagnosis are the pulse rate and the basal metabolism.

In toxic goiter the treatment is surgical. Removal of the diseased portion of the gland is followed by recovery. Operation should be fairly complete as unremoved adenomata may cause recurrences or

in nontoxic goiter to 2.5 per cent in cases of toxic goiter and to 1.6 per cent in cases of exophthalmic goiter. GEORGE R. McAULIFF M.D.

Scal J. C. Hypertrophied Thyroids Treated with Radium *Med. J. & Rec.* 1925 cxvii 745

Thyroid enlargements are probably true hyper-

tronic  
cre  
sta  
lim  
me

dis. operant on thyr. . .

screened first by a brass container and then by a wooden block about 6 cm. in depth. A total exposure of 250 mc. hrs. is obtained by applying

Pemberton J. de J. Surgical Treatment of Diseases of the Thyroid Gland *J. Am. M. Ass.* 1925 lxxxv 1882

In the year 1924 at the Mayo Clinic 1028 opera-

0.8 per cent

of controlling hyperthyroid crises

In exophthalmic goiter the employment of the multiple stage operation in selected cases and of refinements in management designed for the protection of the patient has been the most completely because of

of convalescence after operation renders the necessity for multiple operations much less frequent. The mortality

The problem presented by the patient with a

is moved unless the patient is kept under periodical medical observation

Tiffin C. C. Some Experiences in Local Anesthesia in Goiter Surgery *North. M. J.* 1925 xiv 614

Jackson A. S. Thyroidectomy under Local Anesthesia *North. M. J.* 1925 xiv 617

Both Tiffin and Jackson strongly favor local anesthesia for goiter surgery. As compared with general anesthesia it is associated with less trauma, shock, hemorrhage, and danger of postoperative danger of infection. Its use also and pneu-

In the cases of nervous patients Tiffin gives morphine pre-operatively and adrenali-

## NECK

Eise J E Adenomatosis or the Diffuse Adenomatous Goiter *J Am Med Ass* 1925 lxxv 1878

stages the thyroid shows moderate enlargement and

Iodine may be used in cases of small colloid goiters but at the Mayo Clinic it has been found that in cases of larger goiters desiccated thyroid by mouth is preferable. The amounts required differ in different cases. The dosage is best controlled by watching the basal metabolic rate. The routine treatment of small colloid goiters with desiccated thyroid is not recommended on account of the length of time it requires and the expense.

Hyman H T and Kessel L Exophthalmic Goiter and the Involuntary Nervous System *J Am Med Ass* 1925 lxxv 1017

The authors believe that exophthalmic goiter is

symptoms characteristic of toxicity the condition thus differing from exophthalmic goiter which may be of acute onset.

The prognosis varies with the intensity of the disease and the length of time that has elapsed since the beginning of the toxic symptoms.

pletely cured it

The treatment should be directed at the symptomatogenic influences responsible for the disorder rather than at the cause of the metabolic disturbance.

V R LAPP MD

Rienhoff W F Jr The Histological Changes Brought About in Cases of Exophthalmic Goiter by the Administration of Iodine *Bull Johns Hopkins Hosp* Balt 1925 xxxvii 285

Habeln H C The Management of Cases of Colloid Goiter *Minnesota Med* 1925 viii 734

The etiology of diffuse colloid goiters probably has as its basis a lack of available iodine in the organism. Just how this is brought about is not definitely known. It has been ascribed to infection, a lack of iodine in the food and water, and a combination of these factors with poor hygiene and improper food.

# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

Munro D The Therapeutic Value of Lumbar Puncture in the Treatment of Cranial and Intracranial Injury *Boston M & S J* 19 5  
cxciii 1187

1923  
72

cases proved that the lumbar puncture had no relation to the cause of death and in the one case in which autopsy was not performed this appeared true clinically

The data obtained in the fatal and non fatal cases treated only by lumbar puncture showed that the average intracranial pressure is nearly two and one half times higher in the fatal cases

Regardless of the method of treatment used the poorest prognosis was that of contusion of the brain complicated by fracture of the skull

STANLEY J SEEGER M D

Kroglus A Air in the Ventricles of the Brain After a Basal Fracture (Luft in den Ventrikeln des Gehirns nach einer Basisfraktur) *Finska lak*  
*societis handling* 1925 lviii 621

by puncture The dura mater was then stripped from the ethmoid plate in the region of the root of the nose and a tampon inserted between the base of the brain and the ethmoid plate The ethmoid plate showed a hole leading into the nasal cavity

The patient died three days after the operation Autopsy revealed softening of the basal parts of the frontal lobes communicating with the lateral ventricles Sections of both lateral ventricles showed them to be greatly dilated and filled with air and fluid

In the literature the author found excluding twenty cases of intracerebral and extracerebral pneumatocele eight cases of pneumatocephalus (Charn Luckett two cases Wolff Hansemann Potter Schlosser Teachenor) The diagnosis is readily made during life by means of the roentgen ray

Kroglus (Z)

I C E B - 10 C C 7 C 1 Dif  
ebral  
tudy

hyperæmia in nine retention cysts in four and cloudy swelling in five The diagnosis was chronic kidney

and in  
the heart

oculus aureus Examination revealed anosmia and papilloedema X ray examination in the anterior

were found in the thirty cases of intracerebral





# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

Munro D The Therapeutic Value of Lumbar Puncture in the Treatment of Cranial and Intracranial Injury Boston M & S J 1925 cxiii 1187

In an attempt to demonstrate the value and safety of lumbar decompression in cranial and intracranial injuries Hubbard turned over to Munro for treatment all cases of head injury admitted to his service at the Boston City Hospital during the year 1922-1923

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cases proved that the lumbar puncture had no relation to the cause of death and in the one case in which autopsy was not performed this appeared true clinically

The data obtained in the fatal and non fatal cases treated only by lumbar puncture showed that the average intracranial pressure is nearly two and one half times higher in the fatal cases

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STANLEY J SEEGER MD

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KROGIUS (Z)

I Co - E R - - - C C T H C I Dif ebral tudy

I - - - I

In thirty cases in which blood studies were made at the Cook County Hospital Chicago in the period from 1921 to 1924 autopsy showed that the cause of death was cerebral hemorrhage In nine the clinical

neys were normal in two but showed a passive hyperemia in nine retention cysts in four and

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were found in the thirty cases of intracerebral

hæmorrhage are compared with the amounts found in the cases of normal persons and patients suffering from uræmia

	N	pr t in	L	U	d	C	ati	g
I trace	h	g	g	g	g	g	g	g
hem	8-64	3	93	46	7	35	4	5
mal	5	35	1	0-1		0-3	1	0
U gm	90-5	7	0-300	4	0-7	4	0-33	0

intracerebral hæmorrhage the increase above the

great increase in the nitrogenous elements in the blood. If the spinal fluid is examined about three

Smith S M. Three Cases of Otitic Brain Abscess  
*Ann Otol Rhinol & Laryngol* 1925 xxv 1109

The author reports three cases of brain abscess following chronic otorrhœa. In one case in which the abscess was situated in the left cerebellopontine

of the fifth and sixth dorsal vertebræ incomplete transverse myelitis of the cord and chronic post traumatic arachnoiditis. No mention made of the discovery of the lipiodol at this operation.

Five months later a second operation was performed because the symptoms had become more severe. The X ray showed the original lipiodol at the same level as before the first operation. On removal of the spinous processes and laminae of the seventh eighth and ninth thoracic vertebræ a

ieves that the new lesions were due to an inflammatory process caused by these encysted masses. There was no improvement following the second operation.

## SYMPATHETIC NERVES

Penfield W. The Neurological Mechanism of Angina Pectoris and Its Relation to Surgical Therapy. *Am J M Sc* 1925 clxx 864

The removal of a sympathetic ganglion removes the possibility of angina pectoris in the motor distribution of that ganglion only. Pain is still possible in the motor distribution of the remaining ganglia provided the stimulus arising in the heart or aorta is adequate. Success in the operation depends not upon the interruption of a direct afferent path from the cardiac plexus to the central nervous system as has been assumed but upon the interruption of automatic reflexes.

## SPINAL CORD AND ITS COVERINGS

MacLair A S. Lipiodol in Neurosurgery with a Report of a Case with Deleterious Results. *Am J M Sc* 1925 clxx 874

The author's experience with lipiodol has been limited to three cases. In the case reported in this article the lipiodol appeared to be arrested at the a cordingly

duced in the midline and in the cases of adults

spasm of smooth muscle and thus may resemble the pain in various angospastic conditions. It differs from the referred pain of Head principally in that the point of contact of sympathetic and cerebrospinal system is shifted from the posterior root to the periphery where there are other analogous contacts between the two systems. No attempt is made in this communication to expand the hypothesis to other types of visceral pain nor to analyze different kinds of cardiac pain.

STANLEY J SEEGER M D

Schoenbauer L and Whitaker L R Experi

In one of the authors series of experiments performed on dogs to determine the influence of the sympathetic nervous system on wound healing it was found that after removal of the adventitia of the femoral artery wounds inflicted on the thigh and inoculated with staphylococci healed more rapidly than similar wounds made without previous denudation of the vascular wall.

Similar experiments on the stomach in which the left gastric artery from its site of origin in the coeliac artery up to the lesser curvature was deprived of its adventitia and wounds were made on the lesser curvature of the opened stomach showed that especially deep excisions healed considerably more rapidly than similar wounds in control animals.

BURDE (Z)

### MISCELLANEOUS

Purves Stewart Sir J Triple Puncture Lumbar Cisternal and Ventricular *Lancet* 1925 cclix 1159

Lumbar puncture may be done at any point be

removal of the needle the skin puncture is covered with collodion and the patient is instructed to remain in the recumbent position for from eight to ten hours.

If bone is struck during the lumbar puncture the needle is withdrawn slightly and directed a little upward or downward as necessary. If no fluid appears after it enters the canal the stylet may clear away a clot or rotation of the needle may direct its opening so that it will avoid blockage by a

sive cord lesion to introduce lipiodol or for treat

and the first spinous process and is pushed forward and slightly upward in the plane of the upper edge of the external auditory canal and the prominence of the glabella. Upon penetration of the thick

puncture is easy and safe and may be done repeatedly without difficulty and without discomfort to the patient.

Ventricular puncture is valuable for diagnosis and treatment but should be reserved for exceptional cases. It is of value for ventriculography for brain

very used so that his

withdrawn

! The depth of the vertical puncture is somewhat greater than that of the temporal puncture. The

... ..

! outward. As ventricular puncture is almost painless, only local freezing of the scalp is necessary even in the cases of children. The scalp wound is a puncture the size of a pin hole and disappears in a few days.

WALTER C. BURKET, M.D.

# SURGERY OF THE CHEST

## CHEST WALL AND BREAST

Judd E S and Morse H D Carcinoma of the Male Breast *Surg Gynec & Obst* 1926 xlii 13

It is probable that carcinoma of the male breast in most instances is a highly malignant type of neoplasm. The results of radical operation for cancer of the breast are not as satisfactory in males as in females very likely because in the former the tumors are generally of a higher degree of malignancy.

All tumors in the male breast should receive immediate radical operative treatment. Good results are obtainable only by radical operation before glandular or other metastatic lesions occur. In the cases reviewed postoperative roentgenological treatment did not seem to arrest the progress of the disease to any appreciable extent.

## TRACHEA LUNGS AND PLEURA

Pincoffs M C Abscess of the Lung *South M J* 1925 xviii 777

Following a brief review of the literature of pulmonary abscess and a discussion of the usual clinical picture of the condition the author reports the results of medical and surgical treatment in a series of thirty four cases.

In 34 per cent of these cases the lesion was an

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141 cent were not benefited and 43.7 per cent were benefited.

Eighteen and two tenths per cent of the abscesses were situated in the upper third of the lung. 39.4

abscesses occurred in 50 per cent, improvement in 36 per cent and a cure in 14 per cent of the cases.

The treatment was medical or surgical according to the requirements of the particular case.

J FRANK DOUGHTY M D

Kline B S and Berger S S Spirochætal Pulmonary Gangrene *J Am M Ass* 1925 lxxxv 1452

The etiologic relationship of spirochætes and

lungs

To date only fifty two cases of pulmonary gangrene have been reported in the United States but the condition is probably more frequent than this would indicate since in a period of two years sixteen cases were observed at the Mt Sinai Hospital Cleveland.

In five of these sixteen cases in which definite gangrenous necrosis with cavitation was present arsphenamine treatment apparently prevented death and caused the practically complete disappearance of all symptoms. Five cases in which there was extensive pulmonary or pleuropulmonary gangrene and no treatment or only late treatment was given resulted unfavorably. In five of six cases in which there was a less severe acute pulmonary

pected whenever in the course of any respiratory condition the sputum becomes brown and foul smelling and the signs and symptoms become more marked.

A diagnosis may be made before appreciable destruction of the lung by the discovery of the Vincent spirochætes and fusiform bacilli in the sputum after careful washing.

Spirochætal pulmonary gangrene can be prevented by eradication of the primary oral focus. In the treatment arsphenamine is apparently as specific in this as in other spirochætal infections.

J FRANK DOUGHTY M D

Lemon W S A Clinical Survey of Thirty Cases of Proved Tuberculosis of the Pleura *Surg Gynec & Obst* 1925 xlii 804

Thirteen of the cases

history

Clinically there were three types of symptoms: general malaise of insidious onset with developing pleurisy and effusion; acute onset with violent febrile reactions followed by a chronic illness; and the more typical onset of pulmonary tuberculosis with secondary pleurisy.

Fluid had been obtained at the first thoracentesis

amounts of fluid should be withdrawn more often than large amounts all of the fluid should never be withdrawn

considered tuberculous until it is proved otherwise Lemon agrees with Lord that a sterile exudate of serofibrinous pleurisy rarely becomes purulent Purulent conditions occurred usually from secondary infections following repeated aspirations open operations or pulmonary fistulae

Particular emphasis is placed upon the point that too early and too thorough removal of fluid is to be avoided Opie has shown that following the removal

erous exudate (plasma) and the leucoprotease (leucocytic enzyme) The latter tends to produce autolysis and hence a purulent exudate Small

A study of the cases reviewed seems to prove that it is a mistake to assume that sterile purulent exudate is necessarily injurious Hedblom has advised against open operation in the presence of sterile purulent effusions

In conclusion Lemon says It would seem wise to regard all cases of serous effusion as tuberculous and to bear in mind that a great deal of harm can be done by hasty or ill-considered treatment and that a large percentage of all cases of empyema especially if not preceded by pneumonia or sepsis are also tuberculous

# SURGERY OF THE ABDOMEN

## ABDOMINAL WALL AND PERITONEUM

Duguet and Clavelin Eight Cases of Tuberculous Peritonitis Treated with the Ultraviolet Rays (Note sur huit cas de peritonite tuberculeuse traitée par les rayons ultra violet) *Bull et m Soc nat de chir* 1923 li 767

brought up from an exposure for five minutes at a distance of 1 meter to an exposure of one hour at a distance of 50 cm The number of treatments ranged from twenty two to thirty six

In seven of the cases there was rapid improvement to what is today regarded as a clinical cure

Arnett A C The Surgical Treatment of General Peritonitis *Internat J Med & Surg* 1923 xxxviii 413

Peritonitis may be local diffuse or general but true general peritonitis is comparatively rare This article is based upon the treatment of sixty cases of general peritonitis in all of which the condition resulted from the perforation of an abdominal viscus In operating upon such cases the author uses local anesthesia if possible When a general anesthetic is employed nitrous oxide oxygen is best The incision which is usually transverse is made at the level of the iliac crest and carried down through skin fat fasciæ muscle and peritoneum The rectus muscle is not cut that portion of the incision extending over the rectus being carried

around and a midline subumbilical incision are also used

Provision is always made for ample drainage The drain of choice is black gum rubber tubing

dressings are applied until peristalsis is re established being changed at intervals of two to four hours The drainage tubes are not disturbed for about five days and are then gradually shortened All patients are placed in the Fowler position Little or no fluid and no food is given by mouth until peristalsis begins again

Hypodermoclysis is given routinely at eight hour intervals Novocain is added to the normal salt solution if the patient complains of considerable pain If marked acidosis is present 500 cc of a 10 per cent glucose solution is injected intravenously Proctoclysis is rarely effective because the absorption power of the colon is impaired It distresses the patient and promotes peristalsis Morphine is given at interval of four hours in doses ranging from  $\frac{1}{15}$  to  $\frac{1}{4}$  gr the guide being the respiratory rate When respirations fall to twelve per minute the dosage is reduced Cathartics and pituitrin are never employed

The most common complications are postoperative ileus secondary abscesses and phlebitis These should be recognized as early as possible and in cases of ileus or secondary abscess the abdomen should be re opened

In sixty cases reviewed by the author the average

patient remained in the hospital forty four days the average age of the patients 24 years and the mortality 63 per cent CYRIL J GLASIER M D

## GASTRO INTESTINAL TRACT

Moore A B and Marquis W J The Roentgenological Diagnosis of Gastrojejunal Ulcer *Am J Roentgenol* 1925 xiv 432

The incidence of gastrojejunal ulcer following gastro enterostomy is approximately 23 per cent Of the 200 patients whose cases are reviewed by the authors 93 per cent were males The original lesion was a duodenal ulcer in 89 per cent and a gastric

common type of gastrojejunal ulcer is the penetrating ulcer Such ulcers are usually situated on the



suture line or in the jejunum close to the anastomosis. Perforation may produce an abscess and the abscess may evacuate either anteriorly or posteriorly. Perforation into the colon may produce a gastrocolic fistula.

The most important symptom of gastrojejunal

Gastric ulcer has but one sign on which the diagnosis can be made with confidence. This is the

posterior wall the crater may be revealed as a circumscribed area of increased density which can be seen to better advantage by palpatory approximation of the walls of the stomach.

the signs of a gastrojejunal ulcer can be recognized it is of course necessary to be familiar with the roentgenoscopic picture of a normal stomach.

There are two groups of roentgenological findings in gastrojejunal ulcer: first those indicating an abnormal condition in the anastomosed stomach such as retention, hyperperistalsis, a large stomach, gastric spasticity and duodenal dilatation and second deformities around the stomach such as irregularity of the jejunum, a scanty flow through the opening and fixation at the anastomosis site. It is of the greatest aid to the roentgenologist to know what type of gastroenterostomy was performed.

neoplastic tissue

the niche  
he The  
tric ulcer  
alone is

more common and is the mainstay of diagnosis. When obstruction is pronounced it may be impossible to fill the bulb and establish the fact of deformity. In that event the combination of a large stomach of normal contour with a six hour retention and hyperperistalsis is sufficiently diagnostic of duodenal ulcer.

Einhorn M. The Diagnosis and Treatment of Penetrating Ulcer of the Stomach. *Ann Clin Med* 1925 IV 3:9

A penetrating ulcer has callous margins and is

Rivers A B and Eusterman G B. Recurring Peptic Ulcer. *Am Clin Med* 1925 IV 3:5

surgical treatment as 35 per cent. Their tendency to heal: the ulcers are classified as simple healing ulcers, medical ulcers and surgical ulcers.

The ulcers of the first group healed normally without medical treatment and were discovered accidentally at X-ray examination operation or

tions of glucose. I. EDWARD BISHAW M.D.

Carman R D. The Diagnosis of Peptic Ulcer. *J Am Med Ass* 1925 LXXXV 1381

The routine examination at the Mayo Clinic for all gastric and duodenal lesions comprises two principal features: a bariumized carbohydrate meal to test motility and a screen examination six hours later at which time an aqueous suspension of barium is given.



suture line or in the jejunum close to the anastomosis. Perforation may produce an abscess and the or posterior produce a

Gastric ulcer has but one sign on which the diagnosis can be made with confidence. This is the visible barium filled crater of the ulcer known as the

In the differential diagnosis of a reactivated peptic ulcer the X ray is a valuable aid. The gastroenterostomy stoma should be not

mucous ulcers which are too shallow or in the niche and prepyloric ulcers in which a niche is

those intestinal ulcers which are achilic and irregular the It is now

Direct signs of duodenal ulcer are a deformity without a niche. The

gastrojejunal ulcer is its differential diagnosis. A properly performed gastroenterostomy

CARL J. GLASPEL, M.D.

Einhorn M. The Diagnosis and Treatment of Penetrating Ulcer of the Stomach. *Ann Clin Med* 1925 iv 379

A penetrating ulcer has callous margins and is in contact with a neighboring organ which

The diagnosis is based on severe pain, great tenderness and the usual ulcer history and findings.

The treatment consists chiefly of duodenal feeding. Sometimes this is supplemented by rectal instillations of glucose. I. EDWARD BISHOP, M.D.

Carman R. D. The Diagnosis of Peptic Ulcer. *J Am Med Ass* 1925 lxxxv 138

The routine examination at the Mayo Clinic for gastric and duodenal lesions comprises two

When obstruction is pronounced it is impossible to fill the bulb and establish the fact of deformity. In that event the combination of a large stomach of normal contour with a six hour retention and hyperperistalsis is sufficiently diagnostic of duodenal ulcer.

Rivers A. B. and Eusterman G. B. Recurring Peptic Ulcer. *Ann Clin Med* 1925 iv 363

Of 100 cases of recurring peptic ulcer, 35 per cent surgical treatment as 35 per cent their tendency to heal the ulcers are classified as simple healing ulcers, medical ulcers and surgical ulcers.

The ulcers of the first group healed normally without medical treatment and were discovered accidentally at X ray examination. The second group responded

to treatment was thought due to the duration of the disease.

early gastric cancer may escape detection although

patulous pylorus may escape detection by skilled roentgenologists. Negative findings are of doubtful value and the value of positive findings must not be too emphatically emphasized. The value of the gastroscope in the diagnosis of gastric carcinoma is limited. Venous thrombosis occurring in the arm

gastric syphilis pernicious anemia and viscerop-  
tosis must be considered. In most of the cases  
operated upon by the author the condition was not  
preceded by symptoms suggesting a chronic ulcer.  
Gastrectomy is the operation of choice and often  
gives surprising results. The value of radium is  
questionable.

SPRINGS describes a typical case of gastric cancer  
as that of an elderly man who gradually develop-  
ed anorexia with vague discomfort above the navel  
followed by nausea vomiting and ultimately pain

The amount and character of the vomitus depend  
largely on the location of the tumor.

we can say that the symptoms of gastric cancer  
are: 1. Ray examination is very important.  
This should consist in a careful fluoroscopic examina-  
tion in every position and angle. In all cases in  
which the examination is not completely negative  
or there is any deformity which cannot be fully  
accounted for an exploratory operation should be  
done at once in order that the patient may have the  
only chance that our present knowledge offers for  
complete removal of the disease.

It is true that they have not

not the likelihood of cancer is sufficient to warrant  
operation.

The three principal aids to the diagnosis of gastric  
cancer are the test meal roentgenograms and exam-  
ination of the stools. It is desirable to have these  
tests carried out by observers who are familiar with  
the fallacies of the method. The presence of free  
hydrochloric acid cannot be regarded as evidence  
against the diagnosis of a growth. Achlorhydria

achlorhydria has been observed only in cancer of  
the stomach.

When a good technique is used and the observer  
is well trained some abnormality suggestive of a

nancy

The presence of occult blood in the stool of a  
patient who has been on a hemoglobin free diet is  
of the greatest importance. The stools should be  
examined also with a spectroscope as a positive  
spectroscopic finding is valuable confirmation of a  
positive chemical reaction. Occult blood is present

if the patient is gaining weight.

Secondary anemia is not always present even  
when the entire stomach is infiltrated. There should  
be no difficulty in differentiating pernicious anemia  
from gastric carcinoma as the blood findings are  
characteristic. Megalocytosis the only constant  
feature of the blood in pernicious anemia is never  
seen in the uncomplicated cancer of the stomach.  
Moreover in pernicious anemia the stomach is  
normal in size and outline and occult blood is never  
found in the stools.

The author believes that the development of  
pernicious anemia following complete gastrectomy  
can be easily prevented by the eradication of all  
oral and nasopharyngeal sepsis before the opera-  
tion. If the patient has a positive Wassermann  
reaction and appear in better condition than would  
be expected from the extent of the disease a trial of  
antisyphilitic treatment should be made. If there is

gastric carcinoma seen at autopsy. Eighty two per  
cent of the subjects were between the ages of 40  
and 70 years.

operation bringing the jejunum to the anterior surface of the stomach through the transverse mesocolon and the gastrocolic omentum

HOWARD A. MCKNIGHT M.D.

Lewisohn R. and Feldman R. H. The Effect of Gastro Enterostomy on Gastric Acidity *Ann Surg* 1925 lxxv 923

Complete anacidity—absence of free hydrochloric acid—was found in 77 per cent of the authors

gastric or duodenal ulcer partial or subtotal gastrectomy is the operation of choice

SAMUEL KAHN M.D.

Goepel R. The Cuff Operation in Peptic Ulcer (Zum Einmanschettungsverfahren) *Zentralbl f Chir* 1925 lvi 1,02

In this article Goepel defends his cuff method of operating on peptic ulcer against the conclusions which were drawn regarding it by Schubert on the basis of animal experiments. Schubert sees the weak point in Goepel's procedure in the suture of the mucous membrane which makes possible the en-

ulcers but for non indurated ulcers or cases in which the adjacent gut cannot be freed he advocates excision of the ulcer with or without gastro enterostomy

Partial gastrectomy removes the ulcer and the acid forming portion of the stomach and greatly reduces the danger of postoperative marginal ulcer. Crile also recommends this operation for gastric ulcer. Before final closure with the cobble stitch he adjusts the large open end of the stomach to the small intestine by evenly distributed sutures. For duodenal ulcer Crile prefers the Finney or Horsley operation.

Deaver and Crile agree that the history is most typical in duodenal ulcer. The diagnosis of gastric ulcer must depend upon X-ray examination and gastric analysis. Deaver emphasizes the diagnostic

laboratory have shown microscopic well. Reimann has found that even when the

MARKS

J. C. CAR

Wheeler Sir W. I. DeC. Diagnostic Methods in Carcinoma of the Stomach *Brit M J* 1925 li

maintains that ulcer is potentially malignant. WHEELER states that the syndrome of cancer of the stomach is so vague and so varied that as

the patient survives it may be possible in a few days to open the abdomen and remove the cause of the obstruction. In the treatment of acute obstruction in the course of chronic obstruction a cæcostomy gives the best results as the obstruction is usually in the colon.

The most common mechanical condition producing acute intra abdominal ileus is intussusception. While this is most frequent in infants between the ages of 2 and 10 months it sometimes occurs in adults. The symptoms in infants are typical and the diagnosis must be made early. The treatment is surgical. Careful manipulation and great rapidity are necessary to reduce the obstruction. The patient may be allowed to return home the following day.

The mortality in cases of mechanical ileus will not be improved until physicians realize that early

abdominal operations are now performed by sur-

which occur later when opportunity to help the patient is lost. They do not emphasize that the

it recovers its peristalsis. In such cases it is advised

In acute appendicitis of more than forty eight

the

(1) acute obstruction (3) strangulation and (4) adynamic ileus

In the first type the lumen of the gut is obstructed

1  
1

the procedures of choice in most cases

Closed loop obstruction is seen in acute appendicitis and strangulated hernia. These cases are usually fatal if they are not operated upon early as rapid changes occur in the obstructed loop which quickly terminate in gangrene and perforation. Such changes may occur without any appreciable rise in the

jejunostomy

In acute obstruction due to carcinoma of the colon the two or three stage Mikulicz operation is the procedure of choice but in some cases a preliminary blind cæcostomy is indicated.

(VIRIL J. GLASPEL, M.D.)

Fisher, A. O. The Surgical Treatment of Ileocaecal Tuberculosis. *Surg. Clin. N. Am.* 1925, v. 12:13.

The cæcum is more frequently involved by tuberculosis than any other portion of the gastrointestinal tract. Intestinal involvement is found in from 50 to 80 per cent of fatal cases of pulmonary tuberculosis and in at least 85 per cent of these the cæcum is attacked. Two general types of ileocaecal tuberculosis are recognized.

1. The hyperplastic type or tuberculoma which may or may not be associated with tuberculosis elsewhere.

2. The ulcerative type which is almost always associated with pulmonary tuberculosis.

The hyperplastic type is amenable to surgery and offers a very favorable prognosis if operation is

It may be done by enterostomy or cæcostomy. It is still unsettled whether enterostomy or a combination of lateral anastomosis with cæcostomy will be the operation of the future for these cases. At present the author prefers lateral anastomosis with cæcostomy for most cases but believes that enterostomy will eventually become the operation of choice as it is quicker and more simple.

While the majority of simple peptic ulcers occur on the lesser curvature away from the pylorus carcinoma is most frequent at or close up to the pyloric ring. This is important evidence against an intimate relationship between ulcer and cancer.

Seventy-two per cent of the cases presented involvement of the regional lymph glands 16 per cent

frequent. In only one case of simple chronic ulcer

rarely in cancer and very commonly in simple

in chronic ulcers CYRIL J. GLASPEL M.D.

Von Haberer II. The Sequelæ of Operations on the Stomach (Nachkrankheiten nach Magenoperationen). *Verhandl. f. Verdauungs u. Stoffwechselkrankh.* 1925 p. 197.

Morbid conditions following operation on the stomach or duodenum mean partial or complete

enterostomy and pyloric exclusion

terminolateral anastomosis between the transverse incision of the stomach and the descending loop of the duodenum. DENCKS (Z)

TAYLOR reports that the operative mortality of

be washed again

In the second stage when the patient is seen on the third or fourth day a similar procedure should be adopted until the obstruction is removed. A jejunostomy should then be performed after the method of Senn and the original incision closed. By this procedure the distended intestines are allowed to empty themselves of their poisonous con-

gested by C. H. May

favorable influence of the Billroth II operation which is today the most fre-

condi-  
r local  
use and  
my II

He believes that the cause of the condition may be found not in the presence of a definite and specific infective agent but in the absence of the protective substance or mechanism which normally inhibits the invasion of the intestinal wall by bacteria in some endocrine disturbance or in the lack of a normal bacteriophage or bactericidal substance in the intestinal mucosa.

RIENHOFF is of the opinion that the operation of choice is ileosigmoidostomy. He summarizes its advantages as follows:

- 1 Ileostomy is eliminated

forms of surgical treatment

- 4 No secondary operations are necessary

5 There is no proximal dilatation of the bowel above the anastomosis

6 There is no physiological diarrhoea or loss of water balance

7 Irrigations and medicinal enemata can be given by rectum

SAMUEL KAHN, M.D.

#### Bule L. A. A Technique for the Removal of Hemorrhoids. *Ann Surg* 1925 LVIII 964

Bule states that the operation he describes is not a new one. The pre-operative preparation of the

liver and the brain was observed in animals under ether anaesthesia. Under nitrous oxide anaesthesia the temperature of the brain and liver is little altered. A decrease in the blood pressure due to hemorrhage is another factor lowering the temperature of the brain and liver. Normally the brain responds to the injection of adrenalin by an immediate increase in temperature of from 0.5 to 1 degree. After removal of the liver the injection of adrenalin produces little or no change in the temperature of the brain. These facts explain why in the case of a very sick patient the mere exposure of the abdominal viscera may cause death even when no operation is performed and general anaesthesia is not induced.

Investigations carried out by Crile and his associates has demonstrated that when the abdomen is opened the temperature of the liver falls from 1 1/4 to 3 degrees even if the liver itself is not exposed

the operation consists simply in clamping ligat

In that the temp special significance was the observation that the rise in the temperature of the brain sometimes occurred even before the increase in the temperature of the liver

and sixth days the bowels do not move and on the seventh day the procedure of the fourth day is repeated. Thereafter the bowels move daily and the patient reports for treatment until the wound is entirely healed.

#### LIVER GALL BLADDER PANCREAS AND SPLEEN

Crile G. W. Problems Relating to the Liver and Biliary Ducts. *J Michigan State M Soc* 1925 XLV 507

As a disturbance of the function of the liver depresses the entire organism the author suggests

but gloves

Crile considers cholecystectomy preferable to cholecystostomy unless the general condition warrants the more conservative operation. After all cholecystectomies he establishes drainage through Morrison's pouch.



performed early in the course of the disease. The

disturbance

The patient has now returned to his work with fair control of the cæco tomy opening. A heel spoke obturator in the mouth of the bag is effective in preventing herniation of the cæcum and the ileo-cæcal valve.

J. C. CARVER, M.D.

Bargen, J. A. and Logan, A. H. The Etiology of Chronic Ulcerative Colitis. Experimental Studies with Suggestions for a More Rational Form of Treatment. *Arch. Int. Med.* 1925 xxxv 818.

In more than 80 per cent of cases of chronic idiopathic ulcerative colitis examined at the Mayo Clinic during a period of two years a gram positive diplococcus was isolated. This micro-organism is lancet shaped and not bile soluble. It does not ferment inulin or mannite and although morphologically it resembles the pneumococcus it is not agglutinated by the three types of pneumococcus serum. It is isolated by culturing the scraping of

about a year

The second case was that of a woman 19 years of age who was admitted to the hospital for bilateral pulmonary tuberculosis in April 1923. Soon after

cæcum and ascending colon and an incompetent ileo-cæcal valve

Hamilton, T. G. Ulcerative Colitis. *Canad. M. J.* 1925 xv 1125.

The case is not a rare one of ulcerative colitis with

local treatment through the cæcostomy opening failed to cure the ulcers and constitutional symptoms were absent only when faecal matter did not pass below the cæcostomy.

To prevent the passage of faeces beyond the cæcostomy a resection was done at the hepatic flexure and to provide a fluid absorbing reservoir for the faecal material the proximal end of the ascending colon was invaginated to the mouth of

breaking down of these abscesses produces the irregular shaggy ulcers seen later. Vaccines and vaccine filtrates prepared from the diplococcus

Brown, T. R. Some Observations on Chronic Ulcerative Colitis. *Ann. Clin. Med.* 1925 iv 425.  
Rienhoff, W. F. Jr. The Surgical Treatment of Chronic Ulcerative Colitis by Ileosigmoidostomy. *Ann. Clin. Med.* 1925 iv 430.

Brown states that in chronic ulcerative colitis the treatment of choice is early surgical intervention.

peptic ulcer a group of cases with gastro intestinal symptoms of uncertain etiology and migraine

The conclusions drawn are as follows

1 There is a group of patients presenting the symptoms commonly ascribed to cholecystitis a group with return of symptoms after cholecystotomy

are characterized by an abnormal state of liver function as demonstrated by examination of the duodenal bile

3 Return of the symptoms is accompanied or followed by improvement in the state of liver function as demonstrated by examination of duodenal bile

4 The disturbance of liver function should be

5 Examination of liver function is worthy of consideration in the cases of patients with ulcer who are not progressing satisfactorily and in the cases of patients who present unexplained gastro intestinal symptoms WILLARD T NELSEN M D

Shattuck H F The Clinical Use of Liver Function Tests The Icterus Index and Rowntree Rosenthal Serum Dye Test *Med Clin N Am* 1925 14 601

developed typical cholecystitis As jaundice appeared their indices rose to 20 and as the attack subsided and the jaundice disappeared they receded

A case is cited in which the icterus index increased despite attempts to drain the common duct and the patient died of cholæmia

Three cases are reported to illustrate the use of

cholecystogastrostomy was performed

In a fatal case of cirrhosis a steady increase in the icterus index was the first clue to an unfavorable prognosis

In a case of gastric cancer without enlargement of the liver involvement of the liver was indicated by latent jaundice and retention of the dye Metastases were found in the liver at subsequent operation

The icterus index was of value in revealing latent jaundice also in a case of collapse following pro

Cotte G Exploration of the Biliary Tract by Means of Lipiodol in Cases of Fistula (Sur l'exploration des voies biliaires au lipiodol en cas de fistule) *Bull et mem Soc nat de chir* 1925 11 759

when a fistula is present Knowing whether or not the bile passages are permeable and knowing the nature of an obstruction the surgeon is in a position to deal with a lesion appropriately without pre

that he had been operated upon once for hydatid cyst and twice for the fistula The fistula was in the midline

by suture

The second case was that of a 49 year-old woman with a severe gall bladder infection Cholecystec

On the basis of seventy seven operations on the liver and 1701 operations on the gall bladder,

calcium

- 3 Avoid the use of narcotics
- 4 In grave cases divide the operation into two stages
- 5 Apply heat to the liver and upper abdomen by diathermy during and after operation
- 6 Employ the transfusion of blood as indicated
- 7 Employ analgesia and regional anæsthesia
- 8 Establish dependent drainage through Morrison's pouch
- 9 Treat each case according to its particular requirements
- 10 Fortify the defense throughout by promoting liver function

SHIRLEY C LYONS M.D.

Singer M.L. & L. L. L. L. L.

Stimulation of the Biliary Flow *Boston M. & S.*

the duodenal contents

Cholesterol is usually considered an excretory

investigation here reported on patients with functional derangement of the liver showed that both those with obstructive jaundice and those without a trace of jaundice may excrete in the bile similar

that the alcohol insoluble pigment is merely an excretory product of the liver. Both classes of patients will show absence of the alcohol insoluble pigment for many weeks until the state

On the other hand in familial hæmolytic jaundice both the alcohol soluble and the alcohol insoluble pigments may be found in normal concentrations while the duodenal bile may be of an altogether ab

terol and in the case of alcohol solubility there are two

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In addition there are cases in which necrosis of

beginning of pancreatitis. However if infected bile enters the pancreas by reflux pancreatitis sets in with febrile symptoms a condition which may be engrafted onto pancreatic necrosis.

Even today we know of no symptoms which point with certainty to disease of the pancreas. The colicky pain is dull not violent as in gall stone colic it begins gradually reaches a certain severity and then diminishes somewhat but often continues for days at a time. Fecal vomiting frequently occurs suggesting incomplete ileus. Pain may be caused by pressure above the umbilicus in the region corresponding to the pancreas. Sugar was found in the urine in only two of the cases reviewed.

Disease of the pancreas is seldom diagnosed with certainty before operation the violence of the symptoms making quick intervention absolutely necessary.

The prognosis of necrosis of the pancreas is extremely unfavorable the mortality being 41.6 per cent. The heart muscle is severely injured by the toxins as in severe burns. In the cases reviewed pancreatosis with necrosis of fatty tissue had a mortality of 20 per cent whereas in those without fat necrosis there were no deaths. In the cases of pancreatitis even those with large abscesses in the breast and liver there were no deaths a fact suggesting that the blood vessels are protected by a sort of encapsulation.

JANSSEN (Z)

Despite the negative microscopic findings Schmeigel believes that in these cases there is beginning disease of the gland possibly an increase in the amount of bile with tension on the capsule similar to the picture which Volhard has given of nephrosis. As treatment Payr suggested decapsulation of the pancreas.

The appearance of necrosis of the fatty tissue depends upon whether or not the secretion in the lymph channels is activated. The lymph channels of the pancreas are connected with those of the duodenum and in the latter is found the activating ferment trypsinogen. If the two lymph streams

guard as the beginning of acute necrosis of the pancreas whereas Zöepfl's inflammatory oedema is the

tomy was performed. As no calculi could be found in the common duct the jaundice was ascribed to cholangitis. The jaundice subsided very slowly the stools being intermittently clay colored for some time. Bile continued to drain through the wound. The injection of lipiodol revealed a calculus in the common duct at the level of the fourth lumbar vertebra. The obstruction was partial the lipiodol

operation. After the patient was given some of his own bile his condition improved and he gained weight but he was unable to withstand a second operation.

to estimate the amount of bile necessary. Its taste was not regarded as unpleasant. BRAY (7)

Schlegel A. Surgical Degenerative Diseases of the Pancreas. A Study of Forty One Cases (Beitrag zur Erkenntnis der chirurgischen Leber- und Pankraserkrankungen im Sinne der Degeneration 41. Faeille) *Beitr. z. klin. Chir.* 1925 cxxviii 502

The author reviews forty-one cases of degenerative diseases of the pancreas which were seen in the period from 1919 to 1924. Since the war pancreatic diseases have increased while during the war they decreased. The increase is probably due to the increase of fat in the diet. In 50 per cent of the cases reviewed there was associated disease of the biliary ducts.

Schlegel calls attention to the fact that the divergent nomenclature applied to the various affections of the gland renders a critical review of the literature

function after the manner of the pyloric sphincter. The third case was that of a 55 year old patient

recovery and the return of the ducts to their normal caliber.

Nissen R. An Adjuvant in Cases of Chronic Biliary Fistulae (Beitrag zur Therapie bei chronischen Gallensteinen) *Deutsche Zeitschr. f. Chir.* 1925 cxci 317

The author reports three cases of biliary fistula in which the patients were given their own bile to drink.

In Case 1 there was apparently a tumor of the head of the pancreas. The general condition was poor. The gall bladder was sutured to a fistula but

Pancreatic necrosis is characterized by toxic symptoms without an increase in the temperature. Possible causes of the condition are reflux of bile due to the presence of a stone in the common duct, postoperative embolism and tuberculous processes in the gland. The condition has been

improved. In Case 2 a tuberculous degeneration cyst of the liver was packed. The bile escaped only externally. The patient continued to fail until he was given

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examination revealed a hemorrhage in the  
of an area of fat necrosis in the omentum, a positive  
sign of digestive action on the blood vessels.

causes pressure symptoms the symptoms may cease even if the position is not corrected

been found later The anterior position is maintained by maintenance of the proper anteroposterior compression If the pelvic floor aperture is intact and the abdominal wall bulges distinctly when the patient stands the symptoms attributed to retroversion may be corrected by a Curtis abdominal support and general tonic measures without operative correction of the retroversion

In cases with great relaxation of the abdominal

covered by squamous epithelium Blocking of the

tissue and causing first hypertrophy and later shrinkage of the cervix Scarring along the vaginal fornix or thickening of a broad ligament may cause pain on manipulation Endometritis is an often associated condition

The most common infective organisms are staphylococci streptococci bacillus coli communis and gonococci

The most important sequelæ of erosion of the cervix are general ill health from the leucorrhœa and the absorption of toxins pelvic pain backache and definite mental disturbances The chief danger

first stage of labor If lacerations occur in spite of this precaution accurate repair is essential as they show little tendency to heal

The methods used to obtain a cure are the following

VIRGIL E. DUDMAN M.D.  
Strachan G. I. The Pathology and Treatment of Erosion of the Cervix *Brit. M. J.* 1925 II 743

Erosion of the cervix occurs in some degree in from 75 to 80 per cent of parous women and in about 25 per cent of nulliparæ

The vaginal mucosa is lined to the external os by stratified squamous epithelium which is resistant to bacteria and contains no glands favorable for their lodgment The cervical mucosa is covered with columnar epithelium the invagination of

sufficient depth

2 Puncture of the nabothian follicles with the dull red actual cautery This treatment may be followed by improvement but a cure seldom results and the cervix still remains a possible site for carcinoma

the presence of Doederlein's bacillus counteracts the pathogenic action of the bacilli which are present in the vagina

In virgins the condition commonly termed

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Stuermdorf in which the affected mucosa is coned out and the reflected vaginal mucosa is made to  
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VIRGIL E. DUDMAN M.D.

Bonney V. Myomectomy as the Treatment of Election for Uterine Fibroids *Lancet* 1925 CCIV 1060

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# GYNECOLOGY

## UTERUS

Ivens F Andrews H R and Paramore R H  
Discussion on Surgery in the Treatment of  
Backward Displacement of the Uterus *Brit*  
*M J* 1925 II 736 739 740

IVENS discusses only retroversions and retro flexion which are immobile and non adherent He questions whether we are justified in designating any of the retroversions as congenital since it is possible that all of them may be the consequence of excessive strain, long continued standing or a fall

Exception is taken to the contention of some gynecologists that backache with no other demonstrable cause than backward displacement of the uterus is

correction may prevent the occurrence of other

a long continued debilitating illness

The pathological changes are due largely to interference with the circulation in the pelvic veins Such obstruction may result in varicocele an increase in

tion of urine

pareunia may be caused by prolapse of the ovary or congestion of the uterus Abortion may result from the disturbance of function Later in life a discharge from the hyperplastic endometrium may pro

to operation  
disease operation is contra indicated

The best operation is the Mayo modification of the Gilliam operation. If the ovarian surface is sclerotic it should be scarified To assure firm apposition of the rectus sheath figure of eight or cork screw stitches are used for the skin and rectus sheath catgut being employed only for the perineum In the presence of hyperplasia of the endometrium dilatation and curettage are of value as preliminary measures

ANDREWS states that while most gynecologists agree that operative treatment is best in cases of fixed retroversion a uterus may be thought of as

Many patients with a retroverted uterus may be assured that the pelvic organs are not responsible for their symptoms The idea that a mobile retroverted uterus of normal size is the cause of pain on defecation or of hæmorrhoids does not seem reasonable Operation is usually done in cases with dyspareunia or cases of repeated abortion in a woman who has not given birth to a child The cause of dyspareunia may be pressure on the body of the uterus as well as pressure on the ovaries In the

tion the practice of bringing up a loop of round

the opposite side

PARAMORE reviews the surgical treatment of

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The symptoms of sterility dysmenorrhœa menstrual aberrations leucorrhœa and backache are complained of not only by women with retroversion of the uterus but also frequently by those with anteversion In cases of retroversion menstruation

covered by squamous epithelium. Blocking of the

tissue and causing first hypertrophy and later shrinkage of the cervix. Scarring along the vaginal fornix or thickening of a broad ligament may cause pain on manipulation. Endometritis is an often associated condition.

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VIRGIL E. DUDMAN, M.D.

Strachan, G. I. The Pathology and Treatment of Erosion of the Cervix. *Brit. M. J.* 1925, II, 743.

Erosion of the cervix occurs in some degree in from 75 to 80 per cent of parous women and in about 25 per cent of nulliparæ.

The vaginal mucosa is lined to the external os by stratified squamous epithelium which is resistant to bacteria and contains no glands favorable for their lodgment. The cervical mucosa is covered with columnar epithelium, the invagination of which forms numerous deep racemose glands. Infection of the cervix is favored by laceration during labor and by lochia which renders the vaginal secretion alkaline. Normally the acid reaction due to the presence of Doederlein's bacillus counteracts the pathogenic action of the bacilli which are present in the vagina.

In virgins the condition commonly termed

first stage of labor. If lacerations occur in spite of this precaution, accurate repair is essential as they show little tendency to heal.

The methods used to obtain a cure are the following:

1. The application of antiseptics such as 10 per cent formalin, iodized phenol or 20 per cent argyrol to the eroded surface after removal of the glairy mucus by liquor potassæ. This method is not very effective because of the number of treatments necessary and the failure of the agents to penetrate to a sufficient depth.

2. Puncture of the nabothian follicles with the dull red actual cautery. This treatment may be followed by improvement but a cure seldom results and the cervix still remains a possible site for carcinoma.

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VIRGIL E. DUDMAN, M.D.

Bonney, A. Myomectomy as the Treatment of Election for Uterine Fibroids. *Lancet* 1925, CCIX, 1060.

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the greatest number of tumors removed by Bonney at one operation was eighty. The successful



# GYNECOLOGY

## UTERUS

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Exception is taken to the contention of some gynecologists that backache with no other demonstrable cause than backward displacement of the uterus is to be classed as a neurosis

Ivens believes that the patient should be informed of backward displacement of the uterus as this condition may be responsible for sterility and its correction may prevent the occurrence of other

The best operation is the Mayo modification of the Culham operation. If the ovarian surface is sclerosed it should be scarified. To assure firm apposition of the rectus sheath figure-of-eight or cork screw stitches are used for the skin and rectus sheath catgut being employed only for the perineum. In the presence of hyperplasia of the endometrium dilatation and curettage are of value as preliminary measures.

ANDREWS states that while most gynecologists

dyspareunia or cases of repeated abortion in a woman who has not given birth to a child. The cause of dyspareunia may be pressure on the body of the

obstruction may result in varicocele an increase in the weight and size of the uterus hyperplasia of the endometrium with metrorrhagia a cystic condition

tion the practice of bringing up a loop of round

tion of urine

for the last five years

which the interposition operation was ultimately derived

The symptoms of sterility dysmenorrhoea menstrual aberration leucorrhoea and backache are complained of not only by women with retroversion of the uterus but also frequently by those with anteversion. In cases of retroversion menstruation

If malignancy is found the radium is allowed to

inflammatory masses fever hæmorrhage and serious cardiac renal pulmonary and metabolic disturbances

from the back

The results in 117 cases of cancer of the uterus treated in the period from August 1911 to April 1924 are reported. Of the patients treated before 1921 71 per cent died or developed a recurrence. 15 per cent were free from recurrence for from three to seven years. 14 per cent were lost track of before three years but were without recurrence as long as they were under observation. Of the 50 per cent

Pregnancy occurs after tubal insufflation in 95 per cent of cases of sterility. MAGNUS P. URVES M.D.

Soir

The author reports a case of hæmatocele due to tubal rupture in which microscopic examination showed a chronic hæmorrhagic pachymeningitis

accident and one from a heart lesion five had had incomplete operations previously and two died following hysterectomy performed by another surgeon after radium treatment.

In conclusion the author states that since the treatment of a

rupture when the frail tubal wall becomes infected. Hæmorrhage from an inflammatory lesion is usually manifested as a hæmatocele. In hæmorrhagic pachymeningitis which is almost always bilateral the tubes become enveloped by adhesion

local and general irritation early pathological diagnosis in suspicious and proved cases and the pre-operative use of radium and the X-ray followed by radical removal of the uterus and parametrium.

VIRGIL E. DUDMAN M.D.

usually involves the ampullar portion of the tube and is rarely found in the isthmus.

The tubal epithelium is

#### ADNEXAL AND PERIUTERINE CONDITIONS

Rubin I. C. Diagnostic Value and Therapeutic Application of Per Uterine Insufflation of the Fallopian Tubes in Cases of Sterility. *Proc. Roy. Soc. Med. Lond.* 1925 212 Sect. Obst. & Gynec.

by perivascular and interstitial sclerosis results. After rupture of the tube the vessels may remain open.

The absence of tubal pregnancy is very rare. Free

removal of so large a number has been rendered

ovariopelvic ligament the circulation through the uterus is entirely stopped and the operation becomes bloodless. The clamp is applied from the front

arteries enter the uterus

If possible Bonney removes all of the tumors through a single anterior incision in the uterus. Opening of the uterine cavity has not been followed by any ill results and is advisable in most cases in order that small submucous tumors may not be overlooked. In the closure of the major enucleation cavities and in the reconstruction of the uterus Bonney employs silk for the main mattress sutures.

In a series of 120 cases in which Bonney performed a myomectomy there were three deaths. Two of these deaths were due to pyretic obstruction of the intestine. In neither case was it possible to determine the cause of the intestinal paresis and distention. The third death was due to pulmonary embolism. In an earlier series of 100 cases there were two deaths, one due to postoperative hemorrhage discovered too late and one due to peritonitis secondary to postoperative oozing from the uterine wound. The total mortality in the 220 operations was therefore 2.9 per cent.

Convalescence after myomectomy is usually

fibroids it is necessary to cut out the tumor as large as possible before returning it to the abdomen for thorough involution occurs after myomectomy as after parturition it must not be depended upon too much.

A number of Bonney's patients have become pregnant. In two cases in which the

the cases in which the fibroids were accompanied by dysmenorrhea their removal was followed by immediate cessation of the pain.

In comparing myomectomy with hysterectomy for fibroids the author cites the influence of the uterus in the maintenance of ovarian activity. When this function is lost as the result of removal of the organ climacteric symptoms due to ovarian atrophy develop several years earlier than in the case when the uterus is not removed.

When pregnancy is complicated by fibroids requiring operation its interruption is usually unnecessary if the number of fibroids is not large.

ROLAND S. CROON, M.D.

#### Spalding, A. B. Mortality Rates of Carcinoma of the Uterus in California. *California & West Med.* 1925, xxii, 1297.

In California cancer is responsible for about 9½ per cent of the deaths and 14½ per cent of the cancers are situated in the genital organs.

From a study of a series of cases the author concludes that cancer probably does not start from a single cell but that many cells in a particularly disturbed environment develop malignant character.

pelvic examination at reasonable intervals even in

discussions of advanced cancer.

Radiation is an invaluable aid in the treatment of cancer. It is curative when it is used early enough and in later stages of the disease it frequently gives comparative comfort. The author has obtained a cure only in cases subjected to early complete hysterectomy. In some instances this operation was supplemented by pre-operative or postoperative radium or X-ray treatment. The immediate mortality following hysterectomy was 19 per cent. This high mortality has since been lowered by better staff organization and improved technique.

In the treatment used today X-ray and radium irradiation is given and about five weeks later a radical hysterectomy with removal of the parametrium is performed. Postoperative irradiation is given only in the treatment of recurrences. Suspected cases are subjected to diagnostic curettage and the introduction of 100 mgm. of radium while the diagnosis is being made from the frozen section.

The fermentation test is at present the only means whereby the gonococcus can be differentiated from other gram negative diplococci. The gonococcus isolated from infants ferments only dextrose and in this respect does not differ from the strains isolated from adults.

## MISCELLANEOUS

Schmitz E F. Bladder Fistulae in Gynecology and Obstetrics. *Surg Clin N Am* 1925 v 1345

Schmitz presented at his clinic the following six cases of bladder fistula

the base of the bladder

ectomy. The opening was of moderate size and situated in the central portion of the vaginal vault.  
5. A vesicovaginal fistula following forceps delivery. The opening was situated under the pubic

material is obtained during the acute stage of the disease.

ROLAND S. CROOK, M.D.

Cecil A. B. Destructive Lesions of the Female Urethra in Childhood. A Differential Diagnosis from Female Hypospadias. *J Urol* 1925 xiv 441

The term female hypospadias is applied to complete or partial absence of the urethra. This condition is extremely rare and has been confused with pseudofemale hermaphroditism and traumatic destruction of the urethra occurring in the early years of life.

The author reports a case of destructive lesion of the female urethra describing the operations which were performed to re-establish continence of the bladder.

Cecil believes that in a considerable number of the cases reported in the literature as female hypospadias the condition was not congenital but due to trauma.

author mentioned the necessity for complete immobilization of the bladder. The suture material used was the extra hard gut known as Dulox which is commonly employed in gastro intestinal surgery.

HARRY W. FINE, M.D.

Keene F. E. Perforating Ovarian Cysts (Sampson's) with Invasion of the Bladder Wall. Report of Two Cases. *Am J Obst & Gynec* 1925 x 619

Heaney N. S. Adenomata of Endometrial Origin in the Laparotomy Scars Following Incision of the Pregnant Uterus. *Am J Obst & Gynec* 1925 x 625

Danforth W. C. Adenomyoma of the Abdominal Wall. *Am J Obst & Gynec* 1925 x 630

Sampson J. A. Heterotopic or Misplaced Endometrial Tissue. *Am J Obst & Gynec* 1925 x 649

Graves W. P. The Relationship of Ectopic Adenomyomata to Ovarian Function. *Am J Obst & Gynec* 1925 x 665

KEENE reports two cases in which intense bladder symptoms were produced by endometrial invasion of the bladder wall secondary to endometrial cysts of the ovary.

Prior to operation the nature of the lesion was left in doubt.

result in incontinence of urine and it is doubtful whether attempts to reconstruct the vagina have

result of the symptoms and restoration of the bladder to normal followed removal of both ovaries showing that excision of the affected area in the bladder is unnecessary.

HEANEY reports two cases in which it seemed clear that while the pregnant uterus was open pieces

Norris C G and Vogt M E. Malignant Ovarian Neoplasms. *Am J Obst & Gynec* 1925 x 684

In the presence of a malignant ovarian tumor on one side and a normal ovary on the other the safest procedure is a hysterectomy and bilateral salpingo-

with glandular adenocarcinoma 23 per cent were alive three years or more after operation as compared with 70 per cent of those with papillary adenocarcinoma. Almost 60 per cent of the patients whose condition appears favorable at operation survive for three years.

primary focus

The prognosis under such conditions is unfavorable. Seven of the authors eight patients failed to

E L CORVILL V D

### EXTERNAL GENITALIA

Scudder S A. A Comparative Study of the Value of Stained Smears and Cultures in the Diagnosis of Gonorrhoeal Vulvovaginitis. *J Urol* 1925 xiv 429

The author states that the diagnosis in cases of vulvovaginitis should depend upon smears and cultures from the urethra, vulva, vaginal introitus, upper vagina and cervix.

Smears are best made by evenly rolling (not rubbing) slender sterile cotton swabs over sterile glass slides.

The controls used in staining should be known gram positive and gram negative organisms such as staphylococci and bacillus coli.

If standard commercial dyes and acetone are

used that it will give you is "

Persistent extracellular gram negative biscuit shaped diplococci in freely made and carefully

gonococci. Epithelial cells etc. " " "

cure. For the isolation and maintenance of gonococci as regards uniform character of growth and longevity of the strains the modified Thalmann medium described by Torrey and Buckell appears to be the best yet devised.

Normal ascitic fluid added to the medium at a temperature between 20 and 60 degrees C should be

isolation

Recurrence generally develops in the first year less frequently during the second year and rarely after the third year. The prognosis is decidedly less favorable in case of bilateral tumors than in those in which the neoplasm is single.

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inclusive In nearly all of these cases the bleeding

by a modified technique twenty-one were benefited for a short time only or were unaffected three were substantially benefited for a period of three years and six were entirely relieved of their symptoms

resume work one half of them have worked for a year or more Of 234 patients treated in the period from 1914 to 1919 thirty nine have remained healed for five years or more One patient has been cured for eleven years

Fifty four cases of carcinoma of the corpus were treated Of these twenty nine were inoperable Of seventeen patients who have been under observation for five years or longer ten remained free from symptoms after five years Fifty five per cent were free from symptoms after two years Of the inoperable cases of cancer of the corpus 44.4 per cent were cured after five years One patient whose condition was inoperable has been free from symptoms for nine years

glands have been treated with the x ray

The dosage and technique of the treatment are described in detail The combined treatment with

benefited at all was very large

DONALDSON states that radium has proved of great value as a palliative agent in cancer It causes the cessation of the hæmorrhage either temporarily

patients were free from symptoms after four years

more than five years

In six cases of cancer of the urethra favorable results were obtained only when the urine was diverted by cystotomy and seeds of radium were implanted in the growth

Cancer of the vulva is difficult to treat radiologically because of the presence of infection and sloughing the lack of susceptibility of the involved tissues to the radium and the extreme sensitivity of the surrounding tissues Of thirty patients treated

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of endometrium were carried to the abdominal incision and there became engrafted. Few instances of such engrafting of endometrium have been reported after caesarean section an operation performed frequently and in which there is considerable chance of sewing endometrial debris in the wound but a relatively large number of adenomata have been observed after ventrofixation an operation which is much less frequently performed and in

GRAVES stated that while he cannot subscribe to

stances they do not cause symptoms. Usually however they swell and are painful during and for several days after the menstrual period and are

those of rectovaginal adenomyomata in which a

in some instances even perhaps without endometrial stroma and in which the clinical history indicates the occurrence of some violence which would account for the transplantation or misplacement of endometrial mucosa.

CULLEN said he was more firmly convinced than ever that typical adenomyomata wherever situated are of muellerian duct origin. Their glands and stroma are identical in appearance with those of the

Heyman J Radiological Treatment of Inoperable Cancer of the Female Pelvic Organs *Bull J*

1925 11 827 The Cancer of the Female Pelvic Organs and Treatment of Pelvic Cancer

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inclusive In nearly all of these cases the bleeding was stopped for longer or shorter periods In nearly two thirds the vaginal discharge has stopped and

by a modified technique twenty-one were benefited for a short time only or were unaffected three were substantially benefited for a period of three years and six were entirely relieved of their symptoms

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for eleven years

Fifty four cases of carcinoma of the corpus were treated Of these twenty nine were inoperable Of seventeen patients who have been under observa

dition was inoperable has been free from symptoms for nine years

The results of the treatment of inoperable cancer of the ovaries were not good At the end of four years all of the patients were dead In cases in which the ovarian tissue was removed but metastases were left the results were better One fourth of the patients were free from symptoms after four years

benefited at all was very large

DONALDSON states that radium has proved of

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In six cases of cancer of the urethra favorable results were obtained only when the urine was diverted by cystotomy and seeds of radium were implanted in the growth

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Of sixty four patients with inoperable carcinoma of the cervix who were treated with radium for more than one year twelve are living and of those who died fourteen survived for more than one year

FORSYKE gives the contra indications to the use of radium as old pelvic peritonitis a virulently infected growth cachexia fistulae and involvement of the bladder and ureters He reports the results of treatment of 196 cases of cancer of the cervix 100 of which were inoperable The results were similar to those reported by others HARRY W. FINK M. D.



# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

Williams J T Pyelographic Findings in Pyelitis Complicating Pregnancy *Am J Obst & Gynec* 1925 x 765

The X ray findings in eight of eleven cases of pyelitis complicating pregnancy suggested kidney

from the uterus Infection of the sac occurred subsequently

The fetus was well preserved there being only a slight desquamation on its back At no period during the entire course of the pregnancy was there any acute pain or sudden illness except a fainting attack which occurred when the patient was on the way to the maternity hospital

The treatment in this case was comparatively simple the separation of the thrombosed placenta being effected with ease and followed by only slight hemorrhage

In advanced ectopic pregnancy the management

portance recommend delaying operation until some time after its death so as to permit separation of the

that immediate operation may be performed if it

the ureter additional strain upon the excretory

Kjnoch J A Abdominal Pregnancy Secondary to Tubal Gestation at Term with Notes of a Case *Edinburgh M J* 1925 xxxi Tr Edinb Obst Soc 159

The author reports a case of full term abdominal pregnancy in which the ovum was probably implanted primarily in the right fallopian tube but passed into the abdominal cavity with unruptured

## LABOR AND ITS COMPLICATIONS

Bettmann E A Case of Spontaneous Circular

In Bettmann's opinion circular tearing off of the portio vaginalis is due to (1) primary or secondary rigidity (2) mechanical pressure injuries and (3) inflammatory changes Predisposing factors are premature rupture of the fetal membranes very strong labor pains and disproportion between the pelvis and the presenting part

The case reported in this article was that of a 24 year old primipara with a normal pelvis. After pre-

of producing complete inversion of the uterus. If the uterus is maintained with the right or lower hand at the level of the pelvic brim the left or upper hand if strong enough can express the placenta effectively without risk of inversion.

Perhaps the most valuable use of this position of the uterus is in postpartum hæmorrhage. It is usually easy to get the uterus out of the pelvis by pressing the finger tips downward and inward behind the symphysis pubis. It is practically as easy in the case of a patient who has not been anaesthetized as in the case of one who is under anaesthesia. It is especially easy to press the uterus up when it contains a considerable amount of blood clot. When the uterus is controlled between the hands postpartum hæmorrhage can be very effectively stopped and as the position of the hands does not impose very much strain upon them the pressure can be maintained easily for a long period.

ROLAND S. CRON, M.D.

breach presentation was delivered.

The puerperium was normal. Microscopic examination of the tissue showed marked oedema, an irregular round cell infiltration, lack of elastic fibers and excessive development of connective tissue.

WILLE (G)

Hen — — —

#### NEWBORN

Richardson C. H. Jr. Intracranial Injuries in the Newborn. *J. Med. Ass. Georgia* 1925 xiv 484.

The author urges greater care in the use of forceps in delivery and closer observation of the infant for the first few days after birth. He states that 50 per

toward the position of the sacral promontory. By pressure of the thumb on the near side and of the fingers on the far side close into the sides of the lower portion of the uterus practically direct pressure can be exerted upon the main uterine vessels at their

adjacent to it. Such injuries may occur even in easy labors but are most common in cases of breech

judicious use of the forceps. Precipitate labor does not allow sufficient time for molding and forces the fetal head through an undilated cervix or over an unyielding perineum. The injudicious use of pituitrin may therefore cause intracranial hæmorrhage. In high forceps cases the immediate infant

uterus is pressed upward and backward so that it lies in the high position the amount of bleeding will

is just escaping from the vulva its weight is supported the membranes may be stripped very satisfactorily by pushing the uterus gently upward and backward.

When forcible expulsion of the placenta becomes necessary students are warned regarding the danger

causes of intracranial hæmorrhage are believed to be trauma, asphyxia, congestion, prematurity and blood disease. Intracranial hæmorrhage produces a bulging and tenseness of the anterior fontanel and if progressive is followed by convulsions, paralysis, coma, and death.

Marked asphyxia may denote intracerebral injury and violent efforts at resuscitation only aggravate the condition. If the patient reacts and survives cerebral irritation is manifested by restless

ness incessant crying pallor and refusal to nurse due to the absence of the normal sucking reflex Examination of the eyegrounds reveals retinal hemorrhage and inequality of the pupils The blood examination may show delay of coagulation

of from twelve to twenty four hours depending upon the extent of the intracranial extravasation and repeated until there are no signs of cerebral compression This treatment gives immediate and often permanent relief If the coagulation of the blood is delayed an intramuscular injection of whole blood may be given into the buttocks or the longitudinal sinus

The infant should be kept in a quiet darkened

Sharpe W and MacLair A S Further Observations of Intracranial Hemorrhage in the Newborn *Surg Gynec & Obst* 1925 21 583

Little in 1843 and MacNutt in 1885 reported that in 75 per cent of the chronic cases of cerebral spastic paralysis associated with mental retardation the

puncture upon a series of consecutive newborn babies at the City Hospital Welfare Island New York City This report is based upon the fifth 100 infants studied The lumbar puncture was done from twenty four to forty eight hours after birth Of these 100 cases blood or blood tinged fluid was obtained in six In nine a dry tap occurred in

assumed that intracranial hemorrhage is fairly common following normal spontaneous labor

The authors believe that a combination of measures to increase the coagulability of the blood repeated spinal puncture and in certain cases subtemporal decompression will give better results in the treatment of these cases

HARVEY B MATTHEWS M D

# GENITO-URINARY SURGERY

## ADRENAL KIDNEY AND URETER

Smith C G and Shoemaker A B The End Result of Hypernephroma *J Urol* 1925 xi 389

Ockerblad concludes that as creatinin is an end product in the body chemistry which requires no further reduction is not stored in the tissues and is completely excreted by the kidney, it is an ideal substance for use in determining kidney function

ALTON OCHSNER M D

Eisendrath D N Philfer F M and Culver H B Horseshoe Kidney *Ann Surg* 1925 lxxvi 735

we can les

Contrary to early belief pain was the most common symptom being present in thirty two cases Hematuria which was emphasized in the past as one of the most common signs of the condition was found in only twenty seven cases A palpable tumor

body The parenchyma around the respective pelvis of each half of the kidney may fuse or the two halves

be made to determine whether metastasis has occurred When metastases are multiple the case is inoperable When the tumor is single and easily accessible early amputation should be done or high voltage X ray treatment given Metastases occur most commonly in the long bones The operative risk is moderately high but operation often prolongs life Cases not operated upon are usually soon fatal

HARRY W LAGGEMEYER M D

chyma

4 Cake or L kidney These are simply sub

Ockerblad N F Further Studies in the Application of the Creatinin Kidney Function Test *J Urol* 9 5 xiv 47

portion

The two halves of a horseshoe kidney may be

Ockerblad has used the creatinin test of kidney function in over 1 000 consecutive cases and regards it as the best test yet devised An intravenous injection of 250 mgm of creatinin is followed by a marked increase in the output of creatinin in the

phenosulphonethalein test

(human) hence the renal shadows and pyelograms are often directed obliquely inward The upper poles in s formed b when the In about the lower poles

at the level of the normal hilus and resembles that

pendently in the ureter. As a rule the ureters pass across the front of the isthmus this accounting for the frequency of calculi hydronephrosis etc. The location of horseshoe kidney is usually just above

hilus poles and isthmus in a very irregular manner. The isthmus can be clamped as it is divided and the denuded areas closed by mattress sutures of chromic gut reinforced at loop and knot by fat pads.

C. R. O'CONNOR, MD

Hinman F and Hepler A. B. Experimental

This article gives the results noted in a second

arily are more apt to cause obstruction through fixation and kinking than in the case of the normal ureter.

2. Abnormal location of the pelvis on the ventral aspect of the kidney insertion of the ureter at a higher point than the bottom of the pelvis and absence of a pelvis proper all of which favor stagnation of urine and subsequent infection.

employed partial compression of the renal artery which diminishes the blood flow and intrarenal blood pressure and thereby reduces the amount of urine secreted. These and the previous studies of the effect of splanchnotomy indicate that undue importance has been given to urinary back pressure as

renal pain was attributed to pressure of the isthmus on the large vessels behind it (aorta and vena cava). The complete relief of the symptoms after division of the isthmus (symphysiotomy) lends support to this compression theory. In such cases the pain is referred to both lumbar regions and is vaguely localized in different parts of the abdomen. The

killed seven fourteen twenty one twenty eight and fifty six days after the operation. In each instance the kidney was found enlarged and in the later periods the enlargement was marked. The

to the pelvis must be from the ventral rather than the dorsal aspect as in the ordinary (posterior)

Sosman M C Renal Roentgenography During Operation *Surg Gynec & Obst* 1925 xli 632

tion by bulb bougies the use of ureteral bougies and ureteropyelography is necessary

Before the exposure the renal pelvis should be

follows

Before the operation is begun the portable X ray machine is placed in the operating room and tested and a small rubber bag is sterilized and placed on the

gauze strips of tapes the machine is wheeled into

sent to the surgeon The entire procedure requires only ten minutes

C RUTHERFORD O CROWLEY M D

Eisendrath D N Ureteral Strictures Kinks and Abnormal Inserts *Surg Gynec & Obst* 1925 xli 55

The use of special bougies supplemented by ureteropyelography has taught that ureteral strictures kinks and abnormal insertions into the renal pelvis are easily demonstrable and must be taken

ureter must be borne in mind

In ureteropyelography the amount of fluid and pressure used are of little importance in widening the shadow of the ureter but when inflammatory changes are present in the ureteral wall and especially when they have been present for a long time a wider shadow is the rule When a stricture is suspected the possible presence of such an inflammatory dilatation must be considered in the interpretation of

high level

Normally the ureter arises from the most depend

LOUIS NEUWELT M D

Rathbun N P The Incidence of Ureteral Stricture *J Urol* 1925 xiv 403

Ureteral stricture is very common but may not

of the ureter is not made

In the

unique

Of 739 cases routinely examined in the clinic in 1924 a diagnosis of ureteral stricture was made from the X ray picture alone in ninety two Forty eight of the patients with stricture were males In seven cases tuberculosis was found In twelve of the cases of ureteral stricture a stone was discovered in the renal pelvis and in five in the ureter In thirty four cases the urine contained no pus and was sterile

The most accurate method of determining the caliber of the ureter at different levels is the use of solid bougies of different sizes To prevent decep-

posure is essential because of the many accessory vessels (both arteries and veins) which enter the

the aortic bifurcation but it may be anywhere from the normal level to the true pelvis

It is important from the operative standpoint to remember that multiple arteries and veins for each half and often for the isthmus as well are found in 80 per cent of the cases

The factors favoring pathological conditions in a horseshoe kidney are

1 The crossing of the isthmus by the ureter

Hinman F and Hepler A B Experimental

*Arch Surg* 1953 649

fixation and kinking than in the case of the normal ureter

2 Abnormal location of the pelvis on the ventral aspect of the kidney insertion of the ureter at a higher point than the bottom of the pelvis and absence of a pelvis proper all of which favor stag-

effect of splanchnotomy indicate that undue importance has been given to urinary back pressure as a factor determining the degree of hydronephrosis

Aside from the syndrome first described by Rov

dogs Through a loin incision the kidney was exposed the ureter was divided between ligatures and the renal artery was isolated and then compressed by a special technique The dogs were killed seven fourteen twenty-one twenty-eight and fifty-six days after the operation In each instance the kidney was found enlarged and in the late periods the enlargement was marked The rate of

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arterial compression weakens the resistance accelerates dilatation in spite of diminution and back pressure

MAURICE MELTZER MD

Sosman M C Renal Roentgenography During Operation *Surg Gynec & Obst* 1925 xli 682

follows

gauze strips or tapes the machine is wheeled into

will develop quickly. The film is developed immediately, fixed, and returned to the operating room or if the kidney is entirely free from stones, a report is sent to the surgeon. The entire procedure requires only ten minutes.

C RUTHERFORD O CROWLEY M D

Eisendrath D N Ureteral Strictures, Kinks, and Abnormal Inserts. *Surg Gynec & Obst* 1925 xli 557

In the examination to determine the presence of a stricture, the normal variations in the caliber of the ureter must be borne in mind.

cially when they have been present for a long time, a wider shadow is the rule. When a stricture is suspected, the possible presence of such an inflammatory

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The most accurate method of determining the caliber of the ureter at different levels is the use of solid bougies of different sizes. To prevent decep-

tion by bulb bougies, the use of ureteral bougies and ureteropyelography is necessary.

Before the exposure, the renal pelvis should be filled, and after the first exposure, a little more of the opaque medium should be injected until the catheter has been completely withdrawn. A second film should then be made. A third and fourth film taken at intervals of fifteen and thirty minutes after the first film will often reveal retention of the opaque medium. In the interpretation of ureteropyelograms, care is necessary in order that an inflammatory dilatation may not be mistaken for a mechanical dilatation proximal to a stricture, and a localized spasm may not be interpreted as a constriction. It is necessary also to bear in mind the marked variations in the ureteropyelograms of normal persons.

Kinks may often be found upon inspection of a normal ureteropyelogram. Redundancy of the ureter will account for many reduplications seen in otherwise normal cases. A kink may play a part in the causation of abdominal pain, recurrent colics,

high level.

Normally, the ureter arises from the most dependent portion of the renal pelvis, but in faulty development, it may join the pelvis at a higher point. Before entering the kidney, it may pass in front of or behind the lowermost point of the renal pelvis. The recognition of anomalies is of great importance.

LOUIS NEUWELT M D

Rathbun N P The Incidence of Ureteral Stricture. *J Urol* 1925 xiv 403

Ureteral stricture is very common but may not be diagnosed because it is not looked for. It may be overlooked if a No. 6 catheter passes up to the

malities, such as a double renal pelvis and a bifid ureter, may also be demonstrated by this technique.

In seven cases, tuberculosis was found. In twelve of the cases of ureteral stricture, a stone was discovered in the renal pelvis and in five in the ureter. In thirty-four cases, the urine contained no pus and was sterile.

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All of the cases of ureteral stricture showed a dilatation above the stricture. In the majority, this involved the renal pelvis and in many was complicated by infection. In stricture of the ureter routine examination alone often gives great relief.

HARRY W. PLACGENMEYER M.D.

McArthur L L. A New and Simple Repair of Ruptured or Strictured Ureters. *Surg Gynec & Obst* 1925; 41: 719.

McArthur reports the successful repair of a traumatically severed ureter. He describes his technique as follows:

When a portion of a writer is lost a longi

cases there was total ob- truction and no kidney  
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examination

MAURICE MEIER MD

## BLADDER URETHRA, AND PENIS

Hager B H and Magath T B The Etiology  
of Incrusted Cystitis with Alkaline Urine  
*J Am Med Ass* 1925 lxxv 1352

From their study and experiments Hager and Magath conclude that the inorganic salts which are deposited in the mucous membrane in cases of incrustated cystitis with alkaline urine are due to a

*in situ* until in the judgment of the operator an epithelial lining has had time to grow between the ends. The length of time required has not been determined definitely but the occurrence of epithelization has been amply demonstrated by the various reconstruction methods that have proved successful.

JOHN G. CURETHAM M.D.

JOHN C CHEETHAM M D

Percock A H Impacted Calculi of the Ureter  
Treatment and Results in Sixty Cases *J Am*  
*U 118* 1925 lxxvi 1943

The mechanical obstruction of the ureter caused

vert urea into ammonia  
since encrusted cystitis is far more common in  
men than in women and in the organisms of the

history often dates from childbirth or early colonization. The authors were successful in isolating the organism once from a culture of a stool.

Swan R H J Some Reflections upon Villus  
Covered Tumors of the Urinary Bladder Proc  
R v Sc Md Lond 1925 xx Sept U of 1

Swan discusses villus covered growths arising from the epithelia of the bladder not including

was first seen was nine years

22

epithelioma adenocarcinoma myxoma fibroma and sarcoma. He says that in every case of hematuria a cystoscopic examination should be made first. He suggests that papillomata may be a spe-

**Kidd F.** A Note on a Cystoscope of New Type Designed for the Application of Diathermy to Bladder Tumors. *Lancet* 1925 cix 1282

A decrease in the intervals of freedom from hematuria suggests malignancy. The age of the patient is of little importance. Long slender waving translucent villous processes are nearly always benign. The stunted compact and fleshy

plaque are benign but suspicious. Multiple growths

cystoscope is useless.

The present day treatment of bladder tumors is diathermy or open operation. The author reserves

than simple tumors. Swan prefers to remove them by open operation. After the removal of bladder tumors by open operation he always drains the

reported benign at operation the recurring tumor was a carcinoma. In four of these cases death occurred from metastatic carcinoma. In four cases operation was followed by recurrence in the suprapubic scar. In two cases resection and diathermy had no effect in arresting further recurrence. One patient who died was operated upon eleven times.

In thirty seven of seventy two cases of villous carcinoma operation was refused by the surgeon and in five was uncompleted. All forty two of these patients died. Of thirty patients subjected to radical removal of the growth two died as the result of the operation and eleven remained free from recurrence for from one to twelve years. In ten cases the growth recurred, eight of these patients are known to have died and one cannot be traced.

BENJAMIN F. ROLLER, M.D.

one pole of a powerful diathermy machine and terminates at its distal end in a large metal ball perforated by a hole to permit the circulation of the irrigating fluid. This metal tube or electrode is insulated with bakelite except at its terminations and is passed into the bladder armed with a metal obturator.

After the introduction of the cystoscope and irrigation of the bladder in the usual way a straight cystoscope insulated by the bakelite is inserted through the lumen of the tube. When this is rotated

## GENITAL ORGANS

**Bumpus H. C. Jr.** Radium and the Roentgen Ray in the Treatment of Sarcoma of the Prostate. *J. Urol.* 1925 xiv 519

The author adds five cases of sarcoma of the prostate to those already reported, making a total of about seventy five authentic cases. The characteristics of sarcoma of the prostate are determined by the type of the sarcoma and the age of the patient. Myosarcomata are firm and elastic while fibrosarcomata are firm and resistant. The younger the patient the more rapid the growth of the tumor and therefore the less dense its consistency. Of 1,000 carcinoma of the prostate studied at the Mayo Clinic none occurred in men under 42 years of age. Any malignant tumor occurring under the age of 40 years therefore should be considered sarcoma.

half years after the beginning of treatment. In the second case that of a child of 3 years a myxosarcoma was treated by surgery and one radium and roentgen ray exposure. Death occurred in a few months. The third case was one of lympho-

All of the cases of ureteral stricture showed a dilatation above the stricture. In the majority this involved the renal pelvis and in many was complicated by infection. In stricture of the ureter routine examination alone often gives great relief.

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Peacock, A. H. Impacted Calculi of the Ureter. Treatment and Results in Sixty Cases. *J Im M Ass* 1925 lxxxv 1943.

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Since encrusted cystitis is far more common in the bladder than in the ureters of the

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Swan R. H. J. Some Reflections upon Villous Covered Tumors of the Urinary Bladder. *Proc Roy Soc Med Lond* 1925 xix Sect Ur 11.

Swan discusses villous covered growths arising from the epithelia of the bladder not including

was first seen was nine years in 1917

3 A patient with subacute posterior urethritis and vesiculitis developed suddenly what appeared to be orchitis on one side. The testicle and epididymis were normal but the vas showed thickening and infiltration at the point of contact with the tunica vaginalis. This was doubtless an acute periorchitis resulting from the extension of the infection along the sheath of the vas. The infiltration of the vas at the point of contact with the tunica vaginalis explains also some of the apparent instances of epididymitis involving the head and not the tail of the epididymis.

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sheath of the vas

5 In the case of a patient who was subjected to vasotomy swelling of the testicle on the same side occurred six weeks later. The scrotum was opened

experiments performed to demonstrate the possibility of the passage of infection along the sheath of the vas. From twenty-four freshly autopsied cadavers he removed the bladder prostatic seminal

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defers as a means of transmission of infection from the seminal vesicle. The infection may be

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secondarily to a subacute or chronic infection of the seminal vesicles which is carried along the sheath of the vas deferens.

CLAUDE D. HOLMES, M.D.

#### MISCELLANEOUS

Mathe, C. P. The Present Day Status of Urology in Europe. *Internal J. Med. & Surg.* 1925, xxviii, 416.

Mathe's article is a resume of the old and new methods used by European urologists and does not

lead itself well to abstracting as it is essentially an abstract itself.

The subjects discussed include the different methods of testing the function of the kidney. X-ray work with special reference to the study of the filled renal pelvis under the fluoroscope. The methods of inducing anesthesia for urological operations. Operative urology. New advances in pathology. The treatment of special diseases such as genital tuberculosis. The European attitude toward vaccine therapy. Special methods in the treatment of bladder tumors and pyelitis. Abortive treatment of

#### Braasch, W. F. Errors in the Interpretation of Urographic Findings. *J. Urol.* 1925, xiv, 631.

The factors most influential in bringing about the general use of urography are the employment of comparatively harmless media, standardization of the technique, and wider familiarity with pyelographic interpretation. A 1 per cent solution of sodium iodide is now being generally employed.

In the interpretation of urograms the personal equation is an important factor. All the deformities observed in urography are not always typical. Great care must be used in their interpretation. Inter-

1  
a frequent source of error in interpretation. Blood clots may cause apparent filling defects suggesting a neoplasm.

The correct interpretation of the outline of the ureter is particularly difficult. The diagnosis of stricture of the ureter, kinks, and other pathological peculiarities is frequently made without an accurate basis. Elasticity and distensibility of the normal ureter should always be recognized. Accurate uniform distention of the ureter is usually difficult. Apparent kinks of the ureter may be caused by

pelvic sepsis to be particularly prone to such spasmodic irritation. Apparent stricture of the ureter

deformity is always bilateral

sarcoma in a man aged 28 years. The treatment consisted in cystostomy and the direct application of radium. Death occurred five months later. The

tomy three years later.

The results are definitely better when both surgery and irradiation are used than when surgery alone is employed.

Springer H. A. The Closed and Open Method in Suprapubic Prostatectomy. A Case Report. *Ohio State M J* 1925 xxi 918.

The author reports the case of a farmer 69 years

family physician. The report showed that at no time in the course of the convalescence was there any soiling with urine.

On the basis of a number of cases treated by this method the author summarizes the advantages of the procedure as follows:

1. Secondary infection from the external wound can be prevented.

2. The abdominal wound heals by first intention.

3. The infected bladder is freed from bacteria.

4. Postoperative complications such as secondary hemorrhage and uræmia are frequently prevented.

5. Convalescence is materially shortened.

6. The patient is comfortable throughout the treatment.

7. The nursing problem is simplified and the expense to the hospital is reduced to the minimum.

CLAUDE D. HOLMES, M.D.

Webb Johnson A. E. Embryoma of the Testis. *Brit M J* 1925 ii 1048.

The author's patient was a 31 year-old man who complained of pain in the right lumbar region which was noticed only on movement. The morning after his admission to the hospital when he was up and about he suddenly fell down and appeared to be dying. In spite of every effort at resuscitation he died within ten minutes.

Autopsy revealed a thrombus of the pulmonary

cent

worm gut

The patient was then put to bed and closed drain

examination of the contents of the scrotum

LOUIS GROSS, M.D.

Rolnick H. C. Infections Along the Sheath of the Vas Deferens. *J Urol* 1925 xiv 371.

As proof that infections may be transmitted along

vented. Twice a day the drip was opened and the

3 A patient with subacute posterior urethritis

and itself well to abstracting as it is essentially an abstract itself

The subjects discussed include the different methods of testing the function of the kidney, X ray work with special reference to the study of the filled renal pelvis under the fluoroscope the methods of inducing anaesthesia for urological operations operative urology new advances in pathology the treatment of special diseases such as genital tuberculosis the European attitude toward vaccine

plans also some of the apparent instances of epididymitis involving the head and not the tail of the epididymis

extension of the perivesicular infection along the sheath of the vas

Braasch W F Errors in the Interpretation of Urographic Findings *J Urol* 1925 xiv 631

The factors most influential in bringing about the general use of urography are the employment of comparatively harmless media standardization of the technique and wider familiarity with pyelo-

is he removed the bladder prostate seminal vesicles, seminal ducts and testicles injected a 50 per cent solution of sodium iodide or sodium bromide into the sheath of the vas near the bladder and

a neoplasm

The correct interpretation of the outline of the ureter is particularly difficult. The diagnosis of stricture of the ureter, kinks and other pathological peculiarities is frequently made without an accurate basis. Elasticity and distensibility of the normal ureter should always be recognized. Accurate uniform distention of the ureter is usually difficult. Apparent kinks of the ureter may be caused by

thickening of the parietal tunica vaginalis may develop secondarily to a subacute or chronic infection of the seminal vesicles which is carried along the sheath of the vas deferens

CLAUDE D HOLMES M D

#### MISCELLANEOUS

Mathé C P The Present Day Status of Urology in Europe *Internat J Med & Surg* 1925 xxxviii 426

Mathé's article is a résumé of the old and new methods used by European urologists and does not

pelvis seem to be particularly prone to such spasmodic irritation. Apparent stricture of the ureter near the ureteropelvic juncture occurs frequently in the presence of stone in the kidney.

The degree of displacement with renal tumor and

alone

The presence of an anomaly of the renal pelvis may be inferred from the proximity of the pelvic

Chu

Calcified abdominal glands are usually tuberculous. They may or may not be associated with urinary symptoms. Pain when present is not

glands will be found to change their position while those of calcified retroperitoneal glands show no change.

In the diagnosis of urinary stones calcified ab-

Braasch W F The Recognition and Treatment of Urinary Infection *J Lancet* 1925 xlv 57

In many cases of distention of the bladder second

ureter is most frequently found in the presence of chronic  
culosis  
rare  
dilatation  
treatment  
being  
bladder

is best treated by cauterization

Hexamethylenamine is of the greatest value when the urine is rendered acid. It is difficult to render the urine acid with the drugs usually employed. Recently it has been found by Keith and others

great care and as a last resort since fatalities have occurred following its use

Stevens A R Indications for Surgery in Gonorrhea in Men *Internal J Med & Surg* 1925 xxxviii 488

In periurethral inflammation incision is contra-indicated until there is definite fluctuation. Every effort should be made to favor the resolution of the indurated masses.

Cowperitis is usually seen in hospitals as a perineal abscess. At this stage the treatment indicated is simple incision and drainage without opening of the urethra.

Pyelitis is easily cured by lavage of the renal pelvis.

mine whether the local condition was not at the

The usual operation is epididymotomy

greatest importance is the  
septic cortical nephritis of Brewer is for some reason not observed nearly as frequently today as formerly

cystitis and

operation most commonly performed but should be reserved for cases with marked superficial fluctuation and those that show evidence of periprostatic inflammation. If the abscess feels as if it is ready to

**Bugbee H G Multiple Stage Operations in Urological Surgery** *South M J* 1925 xviii 871  
Urological cases which are very poor operative

and the infection and congestion of the bladder and prostate subside. This procedure requires a week or more

The ideal treatment of gonorrheal stricture is gradual dilatation. Tight strictures complicated by infection (extra urethral abscess) or extravasation of urine should be opened together with the urethra as soon as possible. Patients without periurethral infection who are suffering from acute retention due to a stricture which will not permit the passage of even a filiform bougie should be placed in a hot bath as this may permit emptying of the bladder through the urethra. After this treatment and rest in bed it is sometimes possible to pass filiform and small instruments operation being rendered unnecessary. If these measures fail an external urethrotomy with perhaps an internal urethrotomy in addition should be done under spinal anaesthesia. In the cases of very sick patients suprapubic cystotomy under local anaesthesia may be necessary to relieve the kidneys. In cases of stricture permitting the passage of only small sounds in which further dilatation seems impossible internal urethrotomy is of great benefit.

LOUIS NEUWELT M D

and is assisted by an indwelling catheter after the urine is clear.

Other conditions indicating multiple stage surgery are stricture of the urethra, large vesical calculi, diverticula of the bladder, carcinoma of the bladder and prostate and conditions of the urethra and bladder requiring plastic procedures. In pyonephrosis a nephrotomy under local anaesthesia will often save life and make nephrectomy safe. The author reports eleven such cases. Especially in cases of abscess drainage may prove to be the only operative treatment that is necessary.

BENJAMIN F ROLLER M D



alone

The presence of an anomaly of the renal pelvis may be inferred from the proximity of the pelvic

Chute A L The Difficulty in Distinguishing Between the Radiographic Appearance of Urinary Stones and Calcified Abdominal Glands *J Urol* 1925 xiv 487

Calcified abdominal glands are usually tuberculous. They may or may not be associated with urinary symptoms. Pain when present is not typical of renal colic.

Two groups of abdominal glands may be involved by calcification—those in the mesentery and those

change

In the diagnosis of urinary stones, calcified ab-

Braasch W F The Recognition and Treatment of Urinary Infection *J Lancet* 1925 xlv 57

Hexamethylenamin is of the greatest value when the urine is rendered acid. It is difficult to render the urine acid with the drugs usually employed. Recently it has been found by Keith and others that this can be done best by the use of ammonium chloride. Methylresorcinol has been disappointing in the treatment of urinary infections. Mercurochrome given intravenously is best employed in cases of

Stevens A R Indications for Surgery in Gonorrhea in Men *Internal J Med & Surg* 1925 xxxviii 488

In penurethral inflammation, incision is contra-indicated until there is definite fluctuation. Every effort should be made to favor the resolution of the indurated masses.

Cowperitis is usually seen in hospitals as a perineal abscess. At this stage the treatment indicated is simple incision and drainage without opening of the urethra.

Pyelitis is easily cured by lavage of the renal pelvis.

mine whether the local condition will improve at the

6 edited "in" in phinitis of Brewer is for some reason

cystitis and "

of the bone. On the other hand,

with spinal tuberculosis when the disease is quiescent after several years of recumbency and the destruction so extensive that it has produced instability of the spine.

edge of the pathological anatomy is based upon roentgenological examinations. Considerable variations are shown from the absence of a single cervical vertebra to complete absence of the cervical spine.

**Gauvain Sir H. Conservative Treatment of Tuberculous Disease of the Spine** *Brit M J* 1925 11 937

**Girdlestone G R. Operations for Spinal Fixation** *Brit M J* 1925 11 940

GAUVAIN reports that in from 30 to 40 per cent of cases of non pulmonary tuberculosis in children in England and Scotland the infection is due to the bovine bacillus.

In vertebral tuberculosis general and adjuvant methods of treatment are indispensable. Abscesses secondary to spinal caries should rarely be opened as secondary infection in such cases increases the

than to correct the angular deformity. Drainage of cold abscesses Girdlestone characterizes as con-

ankylosis and should therefore be applied either above or below the lesion depending upon its location.

AITKEN stated that he attempts to correct the deformity as completely as possible by fixation in recumbency. The bone graft operation will then hasten repair but should not be used in any sense as a back brace.

PYBUS spoke of the radical treatment of a cold abscess stating that good results may be obtained by removal of the pyogenic membrane treatment with iodine and primary suture. Care must be

when the period of treatment are not devoid of danger will not prevent deformity and will not

ELMSLIE attributed the decrease in spinal deformities in the last few years to better open air hospitals and earlier diagnosis. He does not think the attempt to correct the deformity at its site is advisable.

The apparatus used may be of any type provided it is simple and comfortable and its principles are understood by the surgeon. The simple spinal board is the best. It is a simple extension of the usual cast deformity.

patient to get up and walk about with support. He believes that this favors better drainage and

Plaster of Paris is often of great value in these cases. During convalescence which may require three or more years an ambulatory splint of

forming the fusion operation of Hibbs.

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS ETC

Blaisdell F E The Osteogenetic Function of the Periosteum *Arch Surg* 1925 xi 933

Blaisdell reviews in detail the embryonic history of some of the long bones

The first evidence of bone formation is subperichondrial later vascular buds from the periosteum penetrate the subperiosteal cylinder of bone and absorption of the calcified cartilage occurs re

genetic elements enter the cartilaginous diaphysis of a long bone in the vascular tufts or buds from the periosteum which as an osteogenic factor antedates the marrow In conclusion he suggests that more consideration be given the function of the

Mackinnon A I Osteomyelitis Its Treatment with Special Reference to the Use of Bipp *Canadian M Ass J* 9 5 xv 12 2

The bacterial action of bipp is due to the liberation of free iodine from the iodoform by the nitric

parts the new tissue bipp and closed in layers

Many wounds so treated heal by first intention and in those which do not there is no evidence of deep inflammation ELLEN J BERKHEISER M D

Pemberton R Cajori F A and Grouser C Y The Influence of Focal Infection and the Pathology of Arthritis Results of Experiments *J Am M Ass* 1925 lxxv 1793

sugar tolerance is decreased and returns toward or

arthritis is higher than that of normal persons

In the treatment a restricted caloric diet is advisable

The authors are inclined to the view that some disturbance of the circulation probably in the nature of closed capillary areas may bear an important relation to the etiology of arthritis and the rheumatoid syndrome PAUL C COLONNA M D

Stellwagen T C Gonorrhoeal Arthritis Preliminary Report of a New Treatment *J Urol* 1925 xiv 661

nascent iodine when it comes into contact with the acid by products of bacteria

Stellwagen at first injected it intravenously but found that injections through the rectal mucosa had a quicker effect He has used this treatment in 150 cases

Noble T P and Frawley J M The Klippel Feil Syndrome *Am Surg* 1925 lxxxi 728

Fracture of the hip in children is rare and often unrecognized. The treatment consists in fixation in abduction extension and internal rotation. If union is firm and deformity is present a subtro-

patellar bursa was found constant in size and outline. In men it extended from 10 to 12 cm. and in women and young persons from 9 to 10 cm. above the joint line. In all cases it was in direct communication with the knee joint. It extended more

of the tendon of the contracting quadriceps extensor muscles. In sixteen cases the popliteal bursa was demonstrated running downward and posteriorly toward the head of the fibula. When the joint was

in a normal contour. The condition has been attributed to trauma infection and impairment of the circulation after trauma. During the acute stage the treatment consists in rest in bed with freedom from weight bearing.

Arthritis occurring in children includes the in-

ward and downward

in the progressive deforming arthritis is evidenced by atrophy of muscle and bones with contracture of the involved joint resulting eventually in ankylosis. It may cease spontaneously at any stage but tends to progress with periods of remission until the child is hopelessly crippled. The

nails or tongs are inserted for skeletal traction in fractures of the femur relationship of the bursae should be borne in mind in order to avoid entering the joint.

The Willem's treatment for suppurative knee joints drains all compartments of the joint. Forcible manipulation should be avoided as it may cause perforation.

RUDOLPH S. REICH, M.D.

Ollershaw R. Observations on Osgood Schlatter Disease. *Brit. M. J.* 1925 ii 944

Osgood Schlatter disease is of traumatic origin. The two lesions of childhood—separation of the tibial tubercle and fracture of the lower edge of the patella—are produced by the same causes which in adults produce fracture of the patella or rupture of the tendon above the patella.

The treatment should consist in absolute immobilization for six weeks in a well fitting circular plaster cast which extends from the ankle to the groin and is well molded to the leg about the knee. Walking may be permitted while this cast is worn. After its removal massage should be instituted and walking again allowed with the use of crutches for six weeks.

spleen. The treatment is largely symptomatic. Definite foci of infection should be removed.

Chronic hypertrophic arthritis of the hip in children is insidious in its course without fever or acute symptoms but with the gradual development of abduction and flexion deformity. The roentgenogram shows erosion of the head or acetabulum or both and occasionally a subluxation. The etiology is unknown. The treatment is largely symptomatic with special attention to the

Colp R. and Klingenstein P. A Roentgen Ray Study of the Injected Knee Joint. *Arch. Surg.* 1925 ii 660

The authors demonstrated the extent of the cavities of the knee joint by making stereoscopic roent-

Schlatter disease. Nineteen of the patients were girls.

DA J L

ache Willis found a n l t n a

... op i ng the dura  
MARTIN, COMB

children with spinal caries. In the cases of adults he keeps the patient on a double Thomas frame for three months after operation and in bed with a

simultaneous opening which he has seen

... have back pain

It appears that heavy dull pains are not to be associated with chronic conditions while sharp stabbing pains are associated with acute conditions. The situation of the pain is a good indication of the site of its cause.

The article contains a great deal of detailed information regarding diagnosis and treatment.

DENNIS W. CRILE M.D.

MacAuley H F Perthes Disease *Irish J M Sc* 1925 560

Berry J M Painful Conditions in the Lumbar Lumbosacral and Sacro Iliac Regions *Irish J M Sc* 1925 20 883

In the diagnosis of the cause of low back pain many factors must be considered as there is no one sign or symptom which has been found to be the cause. Berry divides the conditions into three groups: 1. Angular 2. Lateral 3. Medial

little support since in four out of every five cases on record the cultures were negative. According to Jansen's theory the changes in the epiphysis and neck are secondary and adaptive changes to deformity of the socket.

The prognosis is good. In the acute stage the leg should be immobilized in abduction. A walking caliper should be used for one year.

ELLEN J. BERRERSEN M.D.

Key J A The Non Tuberculous Hip of Early Life II In Childhood *J Mass State M Ass* 1925 XXX 429

The non tuberculous hip affections of children may be divided into coxa vara, coxa plana, arthritis and pseudo-arthritis. In coxa vara the lower ex-

tuberculosis of the spine. The backache resulting from constipation is relieved when the constipation ceases.

An excellent classification of the causes of low backache is given in tabular form.

To overcome the fatigue backache common to surgeons and dentists and laborers who stand for long periods the author recommends the use of a stool under one foot to relax the back. The pain in osteo arthritis of the spine is due to chance nerve pressure.

Developmental anomalies are often responsible for back pain. In 10 per cent of cases of low back

in coxa vara the normal angle of 130 degrees between the neck and the shaft may be reduced to 90 degrees or less because of the undue strain on the softened femoral neck. The child walks with a waddling gait and there is limitation in abduction, extension and internal rotation. In most cases the condition tends to become corrected. During the acute stage weight bearing should be prevented. The deformity may be corrected by

is then replaced to the inner side of its former

CHESTER C GUY M D

### FRACTURES AND DISLOCATIONS

Moore S Traumatic Fractures of the Vertebral Column *J Missouri State M* 1ss 1925 xx: 417

Limitation of motion of any vertebra or of its stress bearing capacity affects the entire spinal

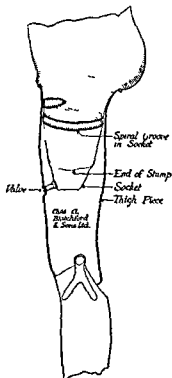
Moore emphasizes the fact that many injuries are associated with fracture of the spinal column but that the fracture is often not discovered until a long time afterward when serious consequences have developed. In some cases spinal fractures are treated as back strain or lumbago. In doubtful cases an early X ray diagnosis is essential for correct treatment.

RUDOLPH S REICH M D

### ORTHOPEDICS IN GENERAL

Little E M A New Method of Fitting Artificial Leg Sockets *Brit M J* 1925 ii 896

The essential feature of a new artificial limb described by the author is a spiral groove  $1\frac{1}{8}$  in wide and a little over one turn in length in a socket of



Diagrammatic drawing of a socket showing the groove and the valve

duralumun The bare stump is pushed into the socket and the leg is held in place without any

CHESTER C GUY M D

In the discussion of this report Osgood stated that in his opinion adhesive plaster strapping is generally sufficient without the use of plaster of Paris. Because of the variations that occur in the development of the tibial tubercle roentgenograms of both knees should be made and compared before a diagnosis of fracture in one knee is made.

CHESTER C GUY MD

## SURGERY OF THE BONES JOINTS MUSCLES TENDONS ETC

Pyles R H The Correction of Flexion Adduction and Internal Rotation Deformities of the Lower Extremities Resulting from Cerebral Palsy of Childhood *California & West Med* 1925 xliii 1576

In 155 cases of flexion adduction and internal rotation deformities of the lower extremities the following operations were found most satisfactory: the Soutter operation for hip flexion; tenotomy of the adductors for adduction; hamstring transplantation for knee flexion; transplantation of the tibialis anticus into the outer border of the foot for equinovarus; tenoplasty of the tendon of Achilles for equinus.

Ceballos Arthroplastic Operations for Ankylosis of the Knee (Les opérations arthroplastiques pour ankylose du genou) *J de chir* 1925 xxv 133

separated. The ankylosed area is cut through with a chisel and the ends of the bone are modeled to approximate their normal form. A flap of fascia lata is then interposed and the joint closed with suture of the patella.

Passive movements are begun after a period of fifteen days during which the limb is kept in extension and active movements are begun five days later.

in which arthroplasty is always contra indicated because of the danger of recurrence and because of

ankylosis. In some cases however very angular ankylosis may be straightened by a preliminary operation.

Adequate musculature is essential to success. Recurrence of the ankylosis may follow infection, the use of a faulty technique or inadequate after treatment.

The article contains illustrations showing the operative technique and the results obtained in a number of cases. ALBERT F DE GROOT MD

Abbott L C The Treatment of Congenital Club-Foot *Surg Clin N Am* 1925 v 124

In the ordinary club foot of infancy the deformity is maintained by contraction of the soft parts. The treatment in such cases is therefore limited to

Achilles and section of the plantar fascia are neces

4111 1. 111 1

In the modified Hoke operation a clear view of the

by manipulation or freeing of the ligamentous attachments of the os calcis to the sustentaculum tali and internal malleolus. The head of the astragalus

renders it liable to traumatism or infection favors thrombosis and later the deposit of calcium in the blood clot

SAMUEL KAHN M D

### BLOOD TRANSFUSION

Strauss A A Blood Transfusion by the Direct Syringe Cannula Needle Method Its Application in Major Surgery *Surg Gynec & Obst* 1925 xli 678

Strauss summarizes the indications and contra indications for blood transfusion and advocates

of cases

ration for this method consists of three 100 c cm Luer syringes which usually hold about 150 c cm of blood

pressure raised to from 60 to 80 mm Hg The

sharp cannula needle is inserted through the skin into the vein just below the cambric needle The

per cent citrate solution but no citrate solution is left in it except that which may adhere to its walls The obturator is then removed from the cannula in the donor's arm and the curved adaptor with its small piece of rubber tubing and glass syringe is attached to the cannula When the donor contracts his forearm muscles by opening and closing his

way three 100 c cm Luer syringes are kept going in rotation and from 600 to 800 c cm of blood can easily be transfused in ten minutes There is however no necessity for haste as the blood does not coagulate within the syringe for at least four or five minutes In some cases an incision over the vein of the recipient may be necessary In infants

seldom followed by a reaction

JOHN J MALONEY M D



# SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## BLOOD VESSELS

Wernbster P. A Statistical Contribution on  
Thrombosis and Pulmonary Embolism with

" Fat embolism is often mistaken for shock as the symptoms are somewhat similar. In 1919 Porter stated that many deaths from war wounds were due to fat embolism. The condition may follow

cases the cause was unknown

The right main branch of the pulmonary artery was affected almost twice as often as the left. This may be explained by the fact that the right main branch constitutes the direct continuation of the current from the right ventricle whereas the

tance

injuries

In the two cases reported by the authors fat from

operative and postpartum emboli the author con

From experiments the conclusion is drawn that the embolism is due to the greater viscosity of the

SCHULTHEIM (L)

Elting A W and Martin C E Fat Embolism  
Ann Surg 1925 lxxxi 336

Fat emboli are usually the result of trauma especially to the long bones or fatty structures of the body. The symptoms depend upon the amount of

Dunn L The X Ray as a Diagnostic Aid in Cases of Hæmangioma Ann Surg 1925 lxxxi 880

of hæmangioma

Age is not a factor in the development of phlebotomies but the situation of the hæmangioma which

death results

The authors report the cases of two young men with fracture of a long bone who were at first practically normal after the accident but suddenly

The indication for the use of the mercurochrome in the five cases was septicæmia. In four the septicæmia was due to abortion and in one to infection of the hand. In every case in which the urine contained albumin and casts previous to the injection it contained in addition pus and blood after the injection. The usual sequence was acute colitis followed by diarrhœa with bloody stools.

The total doses employed were 20 c. cm. of a 1 per cent solution in two cases, 40 c. cm. in two cases and 160 c. cm. in one case. The dose was given in 10- or 20 c. cm. portions separated by a day or several days. Blood cultures when positive before the injection were not affected following the injection in any case.

The amount administered is measured both by capacity and by holes in the Gwathmey machine.

holding the breath and too vigorous movements of the abdomen and chest.

dioxide helps to check the patient's tendency to hold her breath and bear down at this stage carbon dioxide accelerates the induction of the deeper anaesthesia required.

A method of resuscitating the newborn infant with artificial respiration and carbon dioxide under slight pressure is described.

The author and his associates find that with carbon dioxide it is easier to induce and to maintain anaesthesia; therefore they are reluctant to administer an anaesthetic without having carbon dioxide at hand.

Lundy J. S. Carbon Dioxide as an Aid in General Anæsthesia. *J. Am. M. Ass.* 1925 lxxv 1953.

oxide, ethylene or ether or combinations of them.

# SURGICAL TECHNIQUE

## OPERATIVE SURGERY AND TECHNIQUE POSTOPERATIVE TREATMENT

Anderson G H Cardiac Factors in Surgical  
Indications *No thrust M d* 1915 xxiv 610

The author quotes Mackenzie as stating that  
sinus arrhythmia indicates a healthy myocardium

surgery should be limited to much y Hca 1  
Cases with auricular fibrillation occurring in the  
course of exophthalmic goiter can frequently be  
transformed into reasonable operative risks by the  
use of Lugol's solution

The various forms of heart block are rarely pre-  
sented in the selection of cases for operation

Functional murmurs and well-compensated mitral  
insufficiency murmurs do not lessen operability

Davis J S and Traut H F The Blood Supply  
of Whole Thickness Skin Grafts *In Surg*  
1925 lxxviii 871

tissues

Circulation is first demonstrable in the graft at  
the end of twenty two hours Adequate circulation

sels of the graft is dangerous

SAMUEL KAHN M D

## ANTISEPTIC SURGERY TREATMENT OF WOUNDS AND INFECTIONS

Todd A T Experimental and Clinical Investiga-  
tion of Mercurochrome *La cel* 1923 cclix 107

Mercurochrome is a powerful antiseptic of low  
toxicity and rapid and deep penetration which  
causes little irritation does not precipitate albumins  
and if protected from the light remains stable in  
normal saline solution for a long period of time

In the case of a patient of advanced years with a

St George A V The Treatment of Sepsis with  
Mercurochrome—220 Soluble Report of Nec-  
ropses in Five Cases *J Am St Ass* 1915  
lxv 1005

The author has collected twelve cases in which  
treatment by intravenous injections of mercuro-  
chrome was followed by death and there was re- l  
and colon involvement suggesting mercurial po-  
isoning

the glands Group 2 sixty five cases of glandular hypertrophy with periadenitis and Group 3 fifty

can be ascertained by clinical examination and that

per cent, and cutaneous changes occurred in 10 per cent

days and there should be an interval of from three to six weeks between the different series

Ster

succumb to smaller doses of radium than the periphery

tion process

Since the infiltration and permeating cells are

iv 347

The author state that with the use of three adjacent triangular fields it is possible to concentrate more than 100 per cent of the erythema dose into a tumor from 3 to 5 cm under the skin without injuring the skin. Physical problems connected with this method of treatment are discussed and it is shown how the roentgen rays should be directed in normal tis

ly absorption  
photographs

and measurements

Three cases treated in the manner described are reported to illustrate the types and locations of tumors which react favorably and the results that may be expected

# RADIUM

Handley W S The Encirclement Method of Using Buried Radium Tubes *Brit J Radol* 1925 xxx 411

This article deal with radiosurgery by the buried tube method. Only the treatment of single nodules is discussed. The author emphasizes that it is erroneous to believe that malignant nodules are homogeneous that the extent of a malignant nodule

narrowing ring of beaters

The plane or sphere in which the radium tubes are placed is determined by the spread by infiltration or permeation as the case may be. Infiltration has a tendency to spread through loose areolar tissue. In the case of a nodule beneath the skin this plane is the midplane of the subcutaneous tissue. Spread by permeation occurs through the plane of the main

spread by permeation

While the sole object of the first encirclement treatment is the arrest of spread by infiltration and permeation the nodule will frequently receive sufficient irradiation to destroy it. If not it may be irradiated six weeks later by burying the radium within it.

Four cases treated by the encirclement method are reported

A JAMES LARKIN M D

# PHYSICOCHEMICAL METHODS IN SURGERY

## ROENTGENOLOGY

Desjardins A U Common Misconceptions in  
Radiotherapy *Surg Gynec & Obst* 1926 xlii 64

Desjardins states that there is much confusion  
among surgeons and internists concerning the

The author shows that increasing depth doses by  
increasing filtration and distance require such a

care for outlying elements

Carcinoma of the breast with widespread dissemination into the axilla and supraclavicular space is  
best treated by the X rays but radium may be

with radium

the dissemination cannot be ascertained The choice  
between the X rays and radium in the treatment of  
benign lesions rests on their extent volume and  
depth

The theory that radium or the X rays can increase the rate of growth of tumors has been advanced and mention has often been made of a so

plants and animals the mature products have always

posure may cause the skin to degenerate or  
become malignant This is not stimulation in the  
sense mentioned but aberrant function from  
chronic irritation It has never been shown that the  
rate of tumor growth is accelerated by radiation

The author discusses also the question as to how

forms one of the main laws of general pathology

Amundsen P Roentgen Treatment of Glandular  
Tuberculosis *Acta radiol* 1925 iv 340

judgment

Tumors deep in the thorax or abdomen are best  
treated with the X rays because the full extent of

cells is due to intrinsic stimuli. In malignant neoplasia the same factors are at work but the condition of the cells upon which they act is different.

maternal tissues

Unless it can eat its way into the maternal tissues the whole ovum perishes. When once a large enough source of food supply has been tapped the somatic cells send a hormone to retrain chorionic activity.

Because of the method of implantation of the ovum in the human subject and because of the origin of chorionepithelioma it seems reasonable to suppose that as the result of sensory injury, infection and the other inciting and predisposing factors cells of somatic tissues may slowly lose their power of obtaining or utilizing nutriment and as the process of starvation is a slow one adjust themselves to the altered and altering conditions by reverting to the earlier undifferentiated chorionic nutriment seeking type. Once started on the per-

growth processes occur in non malignant tumors. The change may be due to limitation of the blood supply. The more nearly the structure of a malignant growth approaches the structure of the somatic tissue in which it is developed the less its virulence.

Neonatal mortality

menstruation causing coagulation necrosis in the cells resulting in abortion.

Lead will arrest or kill all growth processes but shows increasing toxicity toward growing tissues in direct proportion to their rapidity of growth and malignancy—that is to the water phosphatide content and phosphatide cholesterol ratio—and these substances are present in greater quantities in malignant than in normal somatic tissues.

HOWARD A. MCKNIGHT M.D.

Cancer was the fifth cause of death in numerical importance during the period 1911 to 1921 being out-ranked only by heart disease, tuberculosis,

tuberculosis had higher death rates.

When a child reaches the age of 10 years it is more apt to die ultimately from cancer than from tuberculosis or pneumonia. Heart disease, chorea, Bright's disease and cerebral hemorrhage (apoplexy) are the only diseases which are more likely than cancer ultimately to cause the death of a male who has reached the age of 10 years and only heart disease and cerebral hemorrhage are more likely to cause the death of a female who has lived 10 years. Of 100 boys 10 years old

from cancer increased in the industrial population of the United States and Canada. In the drawing of this conclusion allowance was made for more accurate reporting and certification of causes of death—factors which would in themselves tend to raise the apparent death rate. It is believed that even after further allowance is made for improvement in medical diagnosis the conclusion would remain essentially the same. However the actual increase in the cancer death rate has been small—much smaller than might be inferred from an analysis of published crude death rates. It has been greater among males than among females.

The death rate has not been increasing uniformly

advanced the age the greater has been the rate of

persons are more amenable to instruction come more often under medical supervision in the course of treatment for minor acute illnesses and apply to a greater extent than those of more advanced age the lessons taught through the public press and

# MISCELLANEOUS

## CLINICAL ENTITIES—GENERAL PHYSIOLOGICAL CONDITIONS

Rose E. Dangerous Late Sequelæ of Paraffin Injections (Gefährliche Spätfolgen von Paraffinjektionen) *Beitr z klin Chir* 1925 cxlvi 244

In the injection of paraffin the dangers due to imperfect technique or the use of improper material are avoidable but in no case is it possible to exclude a tissue reaction. Such reactions range from the

paraffin was used

In the first case the injection into both breasts was followed by constant and at times unbearable pain and the cosmetic result was absolutely negative. The masses were removed.

In the second case injections into both breasts

found in the cancer substance suggests that the cancer formation was due to the irritation produced by the paraffin.

The author concludes that paraffin injections should be abandoned not only because they are dangerous but also because modern surgery offers better methods such as the transplantation of fat.

SONNTAG (Z)

Shiro A. Bilateral Spontaneous Gangrene of the Lower Extremities and a Contribution to the Pathology of the Condition (Ueber die Entstehung der Spontangangraen der beiderseitigen Unterextremitäten und Beitrag zur Pathologie der

lb n) *Nissin Igaki* 1925 xiv 1637

To date spontaneous bilateral gangrene of the

bifurcation of the abdominal aorta and down into

" " The clinical and autopsy findings—the chronic course of the condition—the absence of abdominal

mens In conclusion the author states that spontaneous bilateral gangrene of both lower extremities is due not uncommonly to a high thrombus formed by the upward extension of a thrombus in one leg and that in some cases syphilitic injury of the general vascular system plays a part. ТОКРЕКА (Z)

Cramer W. The New Outlook on Cancer. *Brit M J* 1926 i 375

therefore

immortally

The process by which an area becomes cancerous as the result of chronic irritation is a very slow one its duration in man being possibly from ten to twenty years.

The work of Gye and Barnard is reviewed. Gye believes that cancer is due to an ultramicroscopic virus common to different classes of animal but that for the production of a cancer the presence of

Bell W. Plair. The Specific Character of Malignant Neoplasia with Special Reference to the Control of Cancer from this Standpoint. *Lancet* 1925 cxix 1003

The author believes that cancer is a specific process. The growth of benign neoplasms and somatic

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|                      |                      |  
 ing agent in a tissue may so alter its response to a  
 hormone that the usual action of the hormone is  
 completely reversed. This explains why under given  
 conditions one and the same hormone may act in  
 --                      - - - - -

sex incidence

Cancer is increasing strikingly among men in a number of organs or sites which are not now segregated for statistical study

# DUCTLESS GLANDS

Abel J J Some Recent Advances in Our Knowledge of the Ductless Glands *Bull Johns Hopkins Hosp Balt* 1926 xxxviii 1

r k                      -                      k                      - -                      -

and the thymus



Although cancer is seldom regarded as an important disease in childhood and adolescence a considerable number of deaths from this cause occur before the age of 25 years. More than 2 per cent of industrial policyholders dying of cancer were under 25 years. Practically one third of all of the deaths from cancer of the brain, one quarter of those from cancer of the bones, the kidneys and the suprarenals and one eighth of those from cancer of the

period although a definite rising tendency is in evidence in both white and colored women in the age group from 65 to 74 years. In white women more than eleven twelfths malignant growths of this type occur in the uterus whereas in colored women 97 per cent are found in that organ. The death rate among colored women from uterine cancers is very high.

The mortality of cancers of the intestinal tract

#### population

Deaths from cancer of the stomach and liver, the female genitals and the peritoneum, intestines and rectum constitute together over two thirds of the mortality from cancer. In cancers of the stomach and liver there is little difference in the death rate

ages of 55 and 64 years

65 per cent were due to cancers in the mesentery or peritoneum.

Rectal and anal cancers exact a particularly heavy toll of life among negro women. In fact they are

cially the former are much more common in men.

The relatively high mortality of cancer of the

and anal ulcers, abscesses and other inflammatory processes and if so whether such conditions frequently develop into malignant growths.

forms of tuberculous disease also have a higher mortality among women than men. We know of

is reversed

At all ages combined no significant upward or

decided upward or downward tendency. In one color sex group alone colored males was there an

Extra-ocular hernia of the vitreous J L PASIA Semana  
méd 1925 xxix 972  
Di cases of the orbit W L BENEDICT J Lancet 1925  
div 564

The prevention of chronic middle ear suppuration G  
W MACKENZIE Ann Otol Rhinol & Laryngol 1925  
xxiv 1068

1925 i 28

Some comments concerning the relationship of tuber-  
culosis to certain fundus changes with especial reference  
to periphetitic retinitis T B HOLLOWAY J Iowa State  
Méd 1925 xxix 369

1115

Old and new therapeutic methods in chronic suppuration  
of the ear G GUINA Policlin Rome 1925 xxix sez  
prat 1382

1925 xxix 457

Endothelioma of the optic nerve H NEAME and E  
WOLFF Brit J Ophth 1925 ix 609 [261]  
Conservative ocular surgery B CASTRESANA Siglo  
méd 1925 lxxii 369 394

### Ear

Facts of audition I H JONES and V O KNUDSEN Ann  
Otol Rhinol & Laryngol 1925 xxiv 1013

The clinical value and diagnostic significance of the  
newer tests for hearing E P FOWLER Laryngoscope  
1925 xxiv 896

111 i 24

Discussion on artificial aids to hearing J K LOVE J  
F O MAILEY W M MOLLISON H TILLEY and others  
Proc Roy Soc Med Lond 1925 xviii Sect Otol 37  
[261]

The present status of our knowledge of allergy in its re-  
lationship to otolaryngology W W DUKE Arch Oto-  
laryngol 1925 ii 587

Otolaryngology in relation to general medicine with a  
special report of cases of scurvy and bronchiectasis B R  
SUTCLY Ann Otol Rhinol & Laryngol 1925 xxiv  
1173

Otitis media report of nine cases treated with potassium  
iodide J J CHISOLM and A C SUTTON Arch Otolaryn-  
gol 1925 ii 543 [261]

A helpful instrument in the catheterization of the eu-  
stachian tube L BLUMENTHAL Laryngoscope 1925  
xxiv 940

Translucent normal ear drums M METZENBAUM Ann  
Otol Rhinol & Laryngol 1925 xxiv 1159

A new artificial ear drum H J ISAACS Laryngoscope  
1925 xxiv 916

Acute otitis media acute mastoiditis and nephritis  
V K HART South M & S 1925 lxxvii 718

Tuberculosis of the middle ear with the report of a case  
D B HAYDEN and A I COHEN Laryngoscope 1925  
xxiv 883

Ann Otol Rhinol & Laryngol 1925 xxiv  
1043

A new paracentesis knife S COME Laryngoscope  
1925 xxiv 949

Free bone cartilage and fat trans plantation in oto-  
rhinolaryngology S BOUWACK Ztschr f Hals Nasen u  
Ohrenheilk 1925 xi 441

Cancer in otorhinolaryngology A R ZAMBRINI Rev  
méd Lat Am. 1925 xi 213

### Nose and Sinuses

The use of gold wire splints in intranasal plastic surgery  
W W CARTER Laryngoscope 1925 xxiv 942

A procedure to fill in a medium sized gap in the nostril  
A MACLENNAN Glasgow M J 1925 civ 326

# BIBLIOGRAPHY of CURRENT LITERATURE

NOTE:—THE BOLD FACE FIGURES IN BRACKETS AT THE RIGHT OF A REFERENCE INDICATE THE PAGE OF THE ISSUE ON WHICH AN ABSTRACT OF THE ARTICLE REFERRED TO MAY BE FOUND

## SURGERY OF THE HEAD AND NECK

### Head

- The diagnosis of lateral sinus thrombosis C C EVES  
Ann Otol Rhinol & Laryngol 1925 xxxiv 1082  
A departure in the management of infections of the sigmoid sinus O J DIXON Arch Otolaryngol 1925 ii  
4 1 [259]  
Roentgenographical examination of the base of the skull

R

- Ind W G  
J Larn  
[260]  
Gol & Otol 1925 xl 723  
Dacryocystorhinoplasty Mosher's modification of the  
Tito method S B COWEN Ohio State M J 1925 xii  
902  
Two cases of metastatic ophthalmia A O PRING

1925 lxxxv 1804

- The diagnostic value of a practical study of the temporomandibular joint G P PHILLIPS Dental Cosmos 1925  
lx ii 1184  
Sarcoma of the superior maxillary bone and pellagra  
P F DUNKIN J Nat M Ass 1925 xvii 196  
Resection of the superior maxilla under local anesthesia  
PATEL Lyon chir 1925 xxii 693  
Osteomyelitis of the mandible J R CAMERON J Am  
M Ass 1925 lxxxv 1802

### Eye

- Ophthalmic folklore Brit J Ophth 1925 ix 638  
Ocular protection for laboratory work rs J M HATTIN  
Am J Ophth 1925 3 s viii 929 [259]  
Eyedness and handedness L MILLS Am J Ophth  
1925 3 s vii 933  
Results accomplished in the conservation of vision  
classes in Philadelphia M E SUGLER Atlantic M J  
1925 xxix 257  
Subnormal accommodation A DLANE Arch Ophth  
1925 lv 566 [259]

U

II

645

- The treatment of conjunctivitis  
I J 19 5 xxii 570  
R R VIERECK

- phk 5025  
[260]  
Collloid excrescences in the lamina vitrea L G DROOS  
Rev Soc argent de oftalmol 1925 i 2  
Corneal complication G C HALL Kentucky M J  
1925 xxii 563  
A B  
WIL

- The etiology and pathology of phlyctenular keratoconjunctivitis A H ALAND Am J Ophth 19 5 321  
948  
Dry heat treatment for keratitis A P SCHULTZ Am J  
D M  
J M  
Am J

- Ophth 1925 3 s viii 945  
The use and abuse of atropine in the eyes W C WEL  
DON Kentucky M J 92 xvi 541  
Extra-ocular hernia of the vitreous J L PAVIA Rev  
Soc argent de oftalmol 1925 i 40

Extra-ocular hernia of the vitreous J L PAVIA Semana  
med 1925 xxv 97  
Diseases of the orbit W L BENEDICT J Lan et 1925  
xiv 564

MANV Arch Ophth 19 5 hv 545 [260]  
An unusual case of detachment of the retina F BEL  
GERI and J LIGO PAVIA Rev Soc argent de oftalmol  
1925 i 28

HERP Herpe neuralgica D J LYLE Am J Ophth 19 5  
35 viii 960  
Endotheloma of the optic nerve H NEAME and E  
WOLFF Brit J Ophth 1925 ix 609 [261]  
Conservative ocular surgery B CASTRESANA Siglo  
méd 19 5 lxiii 369 394

## Ear

Facts of audition I H JONES and V O KNUDSEN Ann  
Otol Rhinol & Laryngol 1925 xxiv 1013  
The clinical value and diagnostic significance of the  
newer tests for hearing E P FOWLER Laryngoscope  
1925 xxv 896

xxiv 1224  
D

The present status of our knowledge of allergy in its re-  
lationship to otolaryngology W W DUKE Arch Oto-  
laryngol 1925 ii 58

Otolaryngology in relation to general medicine with a  
special report of cases of scurvy and bronchiectasis B R  
SHURLEY Ann Otol Rhinol & Laryngol 19 5 xxiv  
1173

Otitomycosis report of nine cases treated with potassium  
iodide J J CHRISOLM and A C SUTTON Arch Otolaryn-  
gol 1925 ii 543 [261]

A helpful instrument in the catheterization of the eu-  
stachian tube L BLUMENFELD Laryngoscope 1925  
xxv 940

Translucent normal ear drums M MITZENBAUM Ann  
Otol Rhinol & Laryngol 1925 xxiv 1159

A new artificial ear drum H J ISAACS Laryngoscope  
1925 x 946

Acute otitis media acute mastoiditis and nephritis  
V K HART South M & S 1925 lxxvii 718

Tuberculosis of the middle ear with the report of a case  
D B HAYDEN and A I COHEN Laryngoscope 1925  
xxv 85

The prevention of chronic middle ear suppuration G  
W MACKENZIE Ann Otol Rhinol & Laryngol 1925  
xxiv 1068

1115  
Old and new therapeutic methods in chronic suppuration  
of the ear G GUMPA Policlin Rome 1925 xxxi sez  
prat 1382

The cholesteatoma of the middle ear—its etiology patho-  
logy

1925 xxiv 457  
Some remarks on mastoiditis H E BLANCHARD Rhode  
Island M J 19 5 viii 19

Insulin in diabetes with mastoiditis T C GALLOWAY  
Ann Otol Rhinol & Laryngol 1925 xxiv 1184 [262]

Results in radical mastoid operations as to hearing P  
HAMMOND Ann Otol Rhinol & Laryngol 1925 xxiv  
1043

A new paracentesis knife S COHEN Laryngo cope  
19 5 xxiv 949

## Nose and Sinuses

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...

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...

...

A pigmented hairy naevus of the nose with a pigmented  
hairy and warty naevus of the cheek and lip J N ROY  
Arch Otolaryngol 1925 ii 565

Malignancy of the external nose with the report of a  
case of X ray origin R A BARLOW Ann Otol Rhinol  
& Laryngol 1925 xxiv 1150

Streptococcal infection of the anterior angle of the nares  
D W MONTGOMERY and G D CULVER Boston M & S  
J 1925 xciii 1232

The correction of nasal deformities W W CARTER  
N York State J M 19 5 xiv 1070

The correction of nasal deformities by the external route  
E G GILL Virginia M Month 1925 li 58

Total and subtotal restoration of the nose V P BLAIR  
J Am M As 1925 lxxv 1931

A new double nasal speculum M J MANDLBAUM  
Laryngoscope 1925 xxv 944



- A goiter survey in the public schools of Denver V  
VAN MEETER Chicago M Rec 1925 xlvii 396
- The goiter question from the standpoint of animal ex-  
perimentation B BREITNER Beitr z klin Chir 1925  
cxxxiv 130
- The prophylaxis of goiter C ANDRÉ Rev de med y  
cirug Caracas 1925 viii 139
- Non endemic enlargements of the thyroid gland in  
childhood H FINKELSTEIN Jahr sk f aertzt Fortbll  
1925 xvi 1
- Endemic goiter in certain parts of Auckland MCGREDY  
N Zee and M J 1925 xxv 297
- A symposium on goiter the pathological viewpoint L  
ARNOLD Illinois M J 1925 xlviii 449 Chicago M Rec  
1925 xlvii 393
- Adenomatous or the diffuse adenomatous goiter J E  
Eise J Am M Ass 1925 lxxxv 1879 [264]
- Intrathoracic goiter B T Klotz Nor hwe t M d 1924  
xvii 619
- ade  
o M
- Ref 19 5 xlvii 400
- Exophthalmic goiter and the involuntary nervous system  
H T HYMAN and L K SEL J Am M Ass 1925 lxxxv  
107 [264]
- Ocular manifestations of exophthalmic goiter and the  
larynx in goiter R J TIVNELN Illinois M J 1925 xlviii  
421
- Nutritional changes in exophthalmic goiter the effect  
of Lugol solution C C STURGIS and J A GAZENE  
Arch int Med 1925 xxxv
- The diagnosis and treatment of Basedow's disease par-  
ticularly from the surgical viewpoint A TROELL J de  
chir 1925 xxvi 369
- The question of resection of the cervical sympathetic  
in Basedow's disease F PARTSCH Deutsche Zt chr f  
Chir 1925 cxii 28
- 1925 cxi 369
- The medical treatment of hyperthyroidism N B  
FOSTER Am J Surg 1925 xxxix 293
- The medical aspects of goiter C L MIX Illinois M J  
1925 xlviii 447
- J de J FIMBERTON J Am M Ass 1925 lxxxv 189
- The surgical treatment of exophthalmic goiter I  
GOETSCHE Am J Surg 1925 xxxix 80
- Is ligation a necessary surgical procedure M O  
SWIVERS Chicago M Rec 1925 xlvii 397
- I  
Ass 19 5 lxxxv 1015 [266]
- A case of transient parathyroid tetany successfully  
C SULLIVAN  
1925 iii 64  
N BERKE
- J S STOVIN  
vt Arch  
Semana  
he larynx  
a State J
- M 1925 xxi 430
- Tuberculosis of the larynx E HMFELFERS Arch méd  
belges 1925 lxxviii 99
- Speech without a larynx H BURGER Proc Roy Soc  
Med Lond 1925 viii Sect Laryngol 4 J Laryngol &  
Otol 1925 xl 789 [266]
- A simple but effective artificial larynx R C BROWN  
Proc Roy Soc Med Lond 1925 viii Sect Laryngol 6  
J Laryngol & Otol 1925 xl 792 [266]
- os  
to  
CI

## SURGERY OF THE NERVOUS SYSTEM

## Brain and Its Coverings Cranial Nerves

- Traumatism of the head and brain in civil practice G M  
HACKLER Texas State J M 1925 ix 501
- Temporary blindness after concussion J FANNING  
Brit M J 1925 ii 1224
- Mental symptoms following head injuries B L ELLI  
ott
- mc  
Bo
- Air in the ventricles of the brain after a basal fracture  
A KROGUS Finska laek saellsk handl 1925 lvii 621  
[267]

- Encephalography H REINBERG Zentralbl f Chir  
1925 lii 205

- Method of diagnosis in functional and pathological  
changes of the hypophysis gland F D WHITNEY J Nat  
M Ass 1925 xii 190
- Pituitary headache A SAVILL Med J & Rec 1925  
cxii 748
- Asthma and eczema controlled through the nasal  
(sphenopalatine) ganglion L K GLANDUM Ann  
Clin Med 1925 iv 572

Iupus of the nose and upper air passages treated by radium: H M WHARRY and O TEICHMAN Lancet 1925 cxi 1275

Ligation of the external carotid artery for the control of idiopathic nasal haemorrhage: F T HYDE Laryngoscope 1925 xxxv 899

161

The treatment of open bite by means of a plastic oblique osteotomy of the ascending ramus of the mandible: A. L. Y. BERG Dental Cosmos 1925 lxxv 1191 [263]

## Pharynx

1105

1925 34

Adenoids and the pharyngeal bursa: their structure and morphology: H B LEMERE Nebraska State M J 1925 x 43 [263]

Remarks on the etiological treatment of Vincent's angina: P M ALBERVIZ Arch internat de laryngol 1925 xxxi 922

xxiv, 843

[262]

Orbital cellulitis complicating paranasal sinus disease in children: T R GITTINS Ann Otol Rhinol & Laryngol 1925 xxiv 1259

A report of two cases of chronic frontal sinusitis: G L

Rhinol & Laryngol 1925 xxiv 1206

Vaccines from haemolytic cocci in sphenoidal sinus disease: R A FENTON Ann Otol Rhinol & Laryngol 1925 xxiv 1051

Berlin Springer 1925

Chronic tonsillitis at various ages: J I BERTIN Laryngoscope 1925 xxxv 903

The relation of tonsil infection to nephritis in children: O L THORNBURN Ann Otol Rhinol & Laryngol 1925 xxiv 1006

Tuberculous disease of the tonsil: J L C DOYLE Brit M J 1925 ii 1224

Indications for tonsillectomy: C T WOLFE Kentucky M J 1925 xiii 349

The technique of the tonsil operation: E H HUTCHINS Su Gynec & Obst 1925 xli 673 [263]

Some further observations on suction tonillectomy: J B H WARREN Laryngoscope 1925 xxxv 906

Tonsillectomy: new aseptic method of controlling haemorrhage: O J NOTHE BERG Ill nos M J 1925 xlvii, 42

The avoidance of pain after tonsillectomy: R S STEV

1925 xxv 917

## Neck

Illustrations of Dr Mosher's teaching methods: Mosher Ann Otol Rhinol & Laryngol 1925 xxxv 1061

Wry neck or torticollis: W RAVEN Glasgow M J 1925 civ 323

P. KLINGE

xxiv, 245

The thyroid and the nasal treatment: its influence on abnormal blood pressures: H W NOTT Brit M J 1925 ii 109

The goster question: EGGENBERGER, Zentralbl f Chir 1925 li 1634

The goster question with reference to goster in Spina: H HERFARTH Beitr z klin Chir 1925 cxxvii 34387

## Mouth

An experimental study of the streptococci found in pyorheal colaris: M J THOMSON Edinburgh M J 1925 xxxv 781 [263]

A follicular cyst: D B TALLEY Dental Cosmos 1925 lxxvi 1200

Removal of a tooth from the mouth

G. V.

## Heart and Pericardium

Spontaneous rupture of the heart: a clinicopathological study based on twenty-two unpublished cases and 632 from the literature. E. B. KRUMHOLTZ and C. CROWELL. *Am J Pathol* 1925 **xxv** 99

H. COSTAN

Zentralbl f

es d chir

CARDIOVASC. LUTHER. Arch franco-belges de chir 1925 **xxviii** 367

Surgical treatment of chronic affections of the heart valves. E. C. CUTLER. *Arch franco-belges de chir* 1925 **xxviii** 36

The surgical treatment of mitral stenosis. D. S. ALLEN. *Arch franco-belges de chir* 1925 **xxviii** 394

Cardiac infarction: an easily diagnosable condition. H. A. CHRISTIAN. *Northwest Med* 1925 **xxiv** 601

Spindle cell sarcoma of the heart. C. S. BECK and H. S. TITCHER. *Arch Int Med* 1925 **xxvii** 830

A report of two cases of tuberculous pericarditis treated by pericardotomy. BRESSOT. *Lyon chir* 1925 **xxii** 747

## Esophagus and Mediastinum

Syphilis of the mediastinum. J. P. PÉREZ. *Med Ibera* 1925 **ix** 204

Autopsy report of two cases of thymic death during surgical operations. J. W. FISHER. *J Lab & Clin Med* 1925 **xi** 241

Malignant tumors of the thymus: with the report of a case. J. A. EVERT. *Minnesota Med* 1925 **viii** 730

## Miscellaneous

V. A. MASCI

of case H. L. hild 1925 **xxx**

799

## SURGERY OF THE ABDOMEN

## Abdominal Wall and Peritoneum

A case of cutaneous horn. R. OLINDER. *Acta chirurg Scand* 1925 **lix** 427

The symptoms and etiology of adenofibrosis in laparotomy scars. W. RUDENSTEIN. *Monatsschr f Geburtsh u Gynäk* 1925 **lxx** 297

th d

1925 **i** 228

Peritoneal hernia. H. HEINLEIN. *Zentralbl f Chir* 1925 **li** 212

Intraperitoneal lipoma. I. F. WATSON. *Ann Surg* 1925 **lxxvii** 971

The resection of abdominal fat in operations for umbilical hernia and hernia of the midline. P. WALZEL. *Wiesentree Arch f klin Chir* 1925 **ccxxvi** 221

How does incarceration in abdominal hernia take place? SCHAEFFER. *Arch f klin Chir* 1925 **ccxxvi** 128

A simple plastic closure of a femoral hernia. H. KRUGER. *Zentralbl f Chir* 1925 **liii** 2052

Inguinal hernia. R. D. FORBES. *Northwest Med* 1925 **xxiv** 631

Med 1925 **viii** 719

Retractile mesenteric. P. ESCUDERO and J. V. MERLO. *Arch argent de enfermed* 1925 **i** 95



- Three cases of otitic brain abscess S M SWART *Ann  
Otol Rhinol & Laryngol* 1925 xxiv 1109 [268]  
Cerebellar abscess with an unusual complation I FL  
JONES *Laryngoscope* 1925 xxv 893  
Brain abscess after gunshot injuries of the skull I  
BRUSKIN *Arch f klin Chir* 1925 cxxxvi 109  
A glomatous cyst of the cerebrum simulating epidemic  
encephalitis D C WILSON *Clifton M Bull* Clifton  
Springs N York 1925 xi 142  
A lesion of the midbrain and pons N HOSHOUSE *Proc  
Roy Soc Med Lond* 1925 vii Sect Study Dis Child  
11  
Choma of the brain G W SWART *Northwest Med*

1925 xxi 723

*Internat de laryngol* 1925 xxi 064

1925 xi 4  
The surgical treatment of angina pectoris E. Hesse  
*Arch f klin Chir* 1925 cxxxvii 117

The relief of pain due to aortic aneurysm by  
aortic sympathectomy LERICHE *Lyon chir* 1925 xxi  
00

Invasion of the solar plexus by cancer of the body of the  
pancreas J Toffis and I Boscq *Rev Soc argent de  
biologia* 1925 i 563

### Spinal Cord and Its Coverings

- Compression of the spinal cord by tumor W J MIXTER  
*Ann Surg* 1925 lxxxi 863  
Lipiodol in neurosurgery with a report of a case with  
deteriorous results A S MACLAURE *Am J M Sc* 1925  
clxx 874 [268]  
Tubes dorsal in surgical practice R. W. JONES *Brit  
M J* 1925 ii 1224

### Miscellaneous

### Peripheral Nerves

- The surgical treatment of spastic paralysis in an infant  
M B ANSART *Clin y lab* 1925 xi 331

### Sympathetic Nerves

- Remarks on the examination of the vagus-symp thet c  
system J O LERENA *An Fac de med Univ de Lima*  
1925 viii 52

## SURGERY OF THE CHEST

### Chest Wall and Breast

### Trachea Lungs and Pleura

Pneumonography L H CLIFF *Surg Gynec. & Obst*  
1925 xli 22

- 1925 xi 258  
A case of gastric cancer with hyperchlorhydria S  
CARRO Siglo méd 1925 lxxx 317  
Healing or remission of inoperable carcinoma of the
- Variations of the intestinal rate F L BURNETT J Am  
M Ass 1925 lxxxv 1777
- Types of intestinal obstruction D P D WILKIE
- Contribution to the subject of primary sarcoma of the  
small intestine E KOCH Deutsche Ztschr f Chr 1925  
cxvi 376  
A case of multiple primary carcinoma of the intestinal  
tract E LAUDA Wchn med Wchnschr 1925 lxx 1800  
Surgery of the intestine J P SUTEDA Ars med 19 5  
1 109
- A note on benign tumors of the duodenum A M  
WILLIS and M LASERSON Ann Surg 1925 lxxxi 952  
Obstruction of the jejunum The effect of sodium chlo  
ride on the chemical changes in the blood of the dog R L  
HADEN and T G ORR Arch Surg 1925 xi 859  
Lymphosarcoma of the jejunum and ileum E STINER  
Rev de med y cirug de la Habana 1925 xxx 593  
The surgical treatment of ileocecal tuberculosis A O  
T
- Diverticlosis of the intestine E I SPRIGGS Brit M  
J 1925 ii 1061  
A case of Hirschsprung's disease with optic atrophy and  
old choroiditis C WORSTER DROUGHT Proc Roy Soc  
Med Lond 1925 vii Sect Study Dis Child 11  
Myotomembranous colitis C GOLDMAN Med J &  
Rec 1925 cxiii 733  
Ulcerative colitis T G HAMILTON Canadian M Ass
- Some observations on chronic ulcerative colitis T R  
BROWN Ann Clin Med 1925 iv 425  
The surgical treatment of chronic ulcerative colitis by  
ileosigmoidostomy W F RIENHOFF JR Ann Clin  
Med 1925 iv 439 (280)  
The normal and pathological appendix a clinical roent  
genological study R A ARENS and A R BLOOM Radi  
ology 1925 v 513  
Gross enlargement of the vermiform appendix—report of  
a case C WILLIAMS Virginia M Month 1925 li 569  
The appendicular origin of certain periduodenal inflam  
mations A BASSET Bull et mém Soc nat de chir  
1925 li 373  
Conception of chronic appendicitis C GOEBEL Beitr  
z klin Chr 1925 cxxxiv 413  
Acute suppurative appendicitis W A LINCOLN Cana  
dian M Ass J 1925 xv 1229  
Appendicitis and ovarian hæmorrhages KORACH
- A case of malignant carcinoid of the appendix W VON  
REHREN Zentralbl f allg P th u path Anat. 1925  
xxxv 335

Two cases of complicated *tuberculosis mesenterica* L DE  
GOMI *Rev de ciruj Buenos Aires* 1925 iv 234  
A solid tumor of the mesentery (*teratoblastoma*) D J  
CANNON and W D O'KELLY *Irish J M Sc* 195 p 571  
An anomaly of the peritoneum H LYCH *Med J &  
Rec* 1955 cxiii 625

The roentgen ray in the diagnosis of perforated ulcer  
R T VAUGHAN and W A BRAMS J Am M Ass 1925  
LXXV 1826

The diagnosis and treatment of penetrating ulcer of the stomach M FRITHORN Ann Clin Med 1934, iv, 329

Peptic ulcer M N HADLEY J Indiana State M A S

### Gastro Intestinal Tract

Gastro-intestinal reports C E HALYARD Northwest  
Med 1925 XXIV 625

G H

U R

OLDEN

100000

1603  
The diagnosis of peptic ulcer R. D. CARMAN J. Am. Med. Assoc. 1934 103 1241

M 1925 XIV 1055 Gastrojejunostomy J. SHERREY Lancet 1915 orig [275]  
1907

Ascaris in the bile ducts W F BRAYNE Brit M J  
1925 ii 1122

## Miscellaneous

The acute abdomen R H MILLER J Nat M Ass  
1925 xvii 185  
An unusual cause of acute abdomen MACCORMICK N  
Zealand M J 1925 xxv 302  
T

med Lima 1925 xlii 307  
T

med 1925 xxxii 923 Rev Soc argent de biol 1925 i 1597  
383  
Pancreatic lithiasis H R HARTMAN Ann Surg 1925  
lxxxii 956

viii 712

The question of intra abdominal growths from the con-  
stitutional standpoint M J LIPSCHITZ Arch f Ver  
'

Orthop 1925 xviii 437

med interna 1925 i 526  
The diagnosis and treatment of splenic enlargement in  
children SIR H ROLLESTON Brit M J 1925 ii 1099

J & Rec 1925 cxxii 641  
Indications and results of extirpation of the spleen F  
LORSCH Klin Wchnschr 1925 iv 1216

## GYNECOLOGY

## Uterus

Gynecological massage in uterine retroflexion S E  
BERMAN Bol Soc de obst y gynec de Buenos Aires  
1925 iv 437

Surgery in the treatment of backward displacement of  
the uterus F IVENS H R ANDREW and R H PARA  
MORE Brit M J 1925 ii 736 739 740 [286]

Abdominal ligamentopexy with a free segment of the  
round ligaments P F TIT DUTAILLIS Gynecologie 1925  
xxiv 573

Death from hæmorrhage from a cervical varix J  
WEEGER Arch f Gyn

L J CAR

TE

rei lbs 5 oz  
1925 xxxii 79  
Complicated uterine fibromata CABANES Bull Soc  
d obst et de gynec de Par 1925 xi 66

T

/

i

Caro 1925

L

fit

fo

xx

Stratified squamous-cell carcinoma of the body of the  
uterus E F HIRSCH Arch Surg 1925 xi 927

Tuberculosis of the right an le of the colon simulating Hirsch prun s syndrome treated and cured by tuberculin J J VITOV and J A CRUCIANI *Semana méd* 1925 xxxii 969

Stasis in the ascending colon simulating chronic appendicitis F D CONNINGHAM *Radiology* 1925 v 435

The value of more thorough rectal examination J A SMITH *South M & S* 1925 lxxxii 721

The value of the X ray in the diagnosis of rectocolonic diseases J F MONTAGUE *Med. J & Rec* 1925 cxiii 684

1925 lxxxi 934

The choice of anaesthesia in surgical operations of the rectum. M C PRUITT *J Med Ass Georgia* 1925 xiv, 490

A technique for the removal of haemorrhoids L A BUTE *Ann Surg* 1925 lxxxi 954 [281]

The radical operation for haemorrhoids Kinscherf *Zentralbl f Chir* 1925 lvi 782

Benign tumors of the anus and rectum C J DROECK *Med J & Rec* 1925 cxiii 647

### Liver Gall Bladder Pancreas and Spleen

A clinical contribution on subcutaneous injuries to the liver and bile passages L ANDERSSON *Acta chirurg*

G W  
[281]

cxiii 1034 [282]

The clinical use of liver function tests The icterus index and I Poyntree Roenthal serum dye test H F SHATTUCK *Med Clin N Am* 1925 ix 601 [283]

A contribution to the study of the Van den Bergh re

1923 cxviii 1945

Liver abscess A L LEVYALL *U S Naval M Bull* 3125 xxiii 491

The treatment of abscess of the liver O CROZZI *Lyon chir* 1925 xxi 9

A discussion on the treatment of amebic abscess of the liver D FRAT *An fac de med Univ de Montev de* 1925 x 673

The histologic evolution and results of hepatic echinococcus cysts and their relation to surgery O CROZZI *Sperimientale* 1925 lxxxi 669

A large cystic tumor of the liver simulating an ovarian cyst T G STEVENS *J Obst & Gynec Brit Emp* 1925 cxiii 731

Experiments on liver transplantation T KOPELANSKI

1925 xi 649

Cholecystography D P D WILKIE and C F W ILLINGWORTH *Brit M J* 1925 ii 1046

Cholecystography MOGANA *Arch. de med chirug y especial* 1925 vi 76

1925 viii 707

The roentgenographic study of the gall bladder with the aid of tetraiodophenolphthalcin P A BACIA C MENÉNDEZ and F E LEBORGNE *An F c de med Univ*

*schr* 1923 li 1429

P v --

J 1925 cxviii 1103

Indications for cholecystostomy and cholecystectomy D GUTHRIE *Atlantic M J* 1925 xxix 132

Recent changes in the conception of pyelitis K RIMBAAR *Atlantic M J* 1925 xxix 142

The surgical management of the pyelitis patient S J WATERHORTH *Atlantic M J* 1925 xxix 142

Symptomatology of cholecystitis F J DE ER *Atla uc* M J 1925 xxix 143

The technique of the operation of cholecystectomy H F SMITH *Atlantic M J* 1925 xxix 144

A comparison of the end results of biliary surgery as

*prat* 1422

i

ca

cy

il pat  
i cu sez

828

143

3 d



Cauliflower carcinoma of the portio E O SCHUCH  
Zentralbl f Gynaek 1925 xiv 204  
Carcinoma associated with tuberculosis of the uterus G  
HIRSCH Monatsschr f Geburtsh. u Gynaek 1925 lxx  
204  
Cancer of the uterus and its treatment by irradiation.  
W P HEALY Am J Obst & Gynec 1925 x 89  
Gynecological Clinic of the University of Erlangen

J. ALLER. RADIOLOGY 1925 v 509

Radiol, 1925 xxx 472

#### Adnexal and Perilutrine Conditions

Chordoma of the broad ligament undergoing necrosis  
BÉGOIN and MASSON Bull. Soc. d'obst. et de gynéc. de

Corpus luteum cysts or cystic corpus luteum R  
SCHROEDER Monatsschr f Geburtsh. u Gynaek 1925  
lxx 380  
A case of pseudotuberculous ovaritis F TROIANO  
Policlin Rome xxxii sez prat 1392  
Remarks on the nomenclature and frequency of various

663  
A case of dermoid cyst of the ovary PÉRY BOUSSIER  
and MANGÉ Bull. Soc. d'obst. et de gynéc. de Par 1925  
xiv 679

The supporting connective tissue in vegetative papil-  
lomata of the ovary M CASSOLA Arch. di ostet e gynec

#### External Genitalia

Uterovaginal aplasia: the formation of a new vagina by  
the Mori Baldwin procedure A R ENRIQUET P O P 6  
and O JORGENS Rev. argent. de obst. y gynec. 1925 ix  
241

A report of two cases of an unusual operation for double  
vagina. G T ZOMAKOV Zentralbl f Gynaek 1925  
xlix 2021

#### Miscellaneous

707

703

1925 xiv 742

1925 xii 65  
The value of the anamnesis in gynecology M G ROCA  
Ars med 1925 i 124

The diagnosis and treatment of sterility G D ROYCE  
and O S KREBS J. M. south. state M. Ass. 1925 xii  
41

Hermaphroditismus externus femininus W B BELL  
Am J Obst & Gynec. 1925 x 778

The material and method of a gynecological and obstet-  
rical clinic W B BELL J. Obst & Gynec. Brit. Emp  
1925 xxxii 720

Eclampsia in women H R ANDREWS Brit. M. J. 1925  
ii 1207

Gynecological examination and bimanual palpation R

463  
The biological action of the corpus luteum and the inter-  
stitial gland of the ovary G SCHICKEL Gynec. et obst.  
1925 xii 288

502

A case of spontaneous separation of the portion vaginal after the introduction of a Tarnier bag J BITTMANN Zentralbl f Gynaek 1925 xlix 1771 [294]  
 Spontaneous rupture of the umbilical cord R S SMALL Am J Obst & Gynec 1925 x 836

Two cases of meningeal hemorrhage in the course of spontaneous labor ILAUCH and CHAIX Bull Soc obst et de gynéc de Par 1925 xiv 27

1 Geburth u Gynaek 1925 lxx 199

1 other version and its possibilities J M ROFF Vir ginia M Month 1925 lii 583

A case of caesarean section followed by temporary extirpation of the uterus and secondary hysterectomy RISACHER and JAFFITTE Bull Soc d obst et de gynéc de Par 1925 iv 644

Low trans peritoneal caesarean section COUCLAIRE and PORTES Bull Soc d obst et de gynéc de Par 1925 xiv 647

Postcaesarean lochiometra J A GABASTON Bol Soc de med 1925 xiv

Bl

thi

hx

Tr

newborn children A WALLER Zentralbl f Gynaek 1925 xlix 2073

Congenital hydrops W DICK Med Klin 1925 xxi 1301

The osmotic resistance of the red cell and the cholesterol content of the blood in newborn children a contribution on the question of icterus neonatorum R HERNING Zentralbl f Gynaek 1925 xlix 2124

Acute dilatation of the stomach due to aerophagia in a newborn child DUBOCHER Bull Soc d obst et de gynéc de Par 1925 xiv 672

Esophageal A LAQUIERE Bull Soc d obst et de gynéc de Par 1925 xiv 66

Two cases of acardiac fetus N MASIERI Clin ostet 1925 xxvii 463

Tetrabrachial thoracopagus A IRSA Zentralbl f Gynaek 1925 xlix 2206

### Miscellaneous

Maternity infancy and early childhood clinics or conferences in relation to the family physician M CHAMPTON Boston M & S J 1925 cxviii 1182

An obstetrical retrospect O BJORNSON Canadian M Ass J 1925 xv 1236

Modern obstetrics I T CUTTER Texas State J M 1925 xxi 494

### Puerperium and Its Complications

Delayed chloroform poisoning following delivery G D ROYSTON Am J Obst & Gynec 1925 x 808

Observations on puerperal sepsis I A SCHIMMANN Med J & Rec 1925 ccviii 722

Intrapertal infections H B CLIVER J Am Inst Hyg 1925 xxviii 1073

Puerperal sepsis in Wales SIR E MACLEIN Med J & Rec 1925 ccviii 19

The treatment of puerperal infection J C RIVAS MORALES Rev de med y cirug Caracas 1925 viii 192

The treatment of puerperal fever the treatment of puerperal infection L RAZETTI Rev de med y cirug Casa

cas 1925 li 167 186

Severe puerperal fever treated by ten injections of novarsenol FORGET URION Bull Soc d obst et de gynéc de Par 1925 xiv 679

The treatment of puerperal fever by the injection of hemolyzed autogenus blood DESCARPENTRIES Bull Soc d obst et de gynéc de Par 1925 xiv 698

### Newborn

162 The Minnesota maternity and infancy program F C HARTLEY and R L BORTON Am J Obst & Gynec 1925 x 863

A statistical survey of obstetrics in Pasadena as an example of obstetrics as practiced in cities of California January 1 1924 to December 31 1924 J S HIBBEN Am J Obst & Gynec

1925 ccv 15

Cloning from midwifery practice A A LENDON Med J Australia 1925 ii 669

Pelvic measurements in Indian women G STAPLETON Indian M Gaz 1925 li 560

The infectiousness of the milk of women with syphilis C SCHWARTZ and M SCHUBERT Arch f Dermat u Syph 1925 cxlix 409

The importance of rectal and vaginal methods of examination for the prevention of puerperal wound infection W FLEISCH Zentralbl f Gynaek 1925 xlix 1728

5. 14 Intracranial jaundice in the newborn C H RICHARDSON Jr J Med A 1925 xi 484 [295]

Further observation of intracranial hemorrhage in the newborn W SHARP and A S MACLAURE Surg Gynec & Obst 1925 xli 583 [296]



Placenta prævia conservative cesarean section A DUTILLIER and J CAMBIER Bull Soc d'obst et de gynec de Par 1925 xiv 712

The treatment of placenta prævia by vaginal cesarean section E FEBRES Bull Soc d'obst et de gynec de Par 1925 xiv 738

Cesarean section for central placenta prævia G ZANETTI Polichin Rome 1925 xxxi sez prat 1386

Placenta prævia in obstetrics and gynecology N P COSTA and P A IANDA Bol Soc de obst y gynec de Buenos Aires 1925 iv 378

Uterine rupture internal hæmorrhage recovery O M LORTOL Rev d med y chir de la Habana 1925 xiv 585

Hysterectomy with Mikulicz tamponade for uterine rupture in the course of pregnancy recovery CABANES and JUIER Bull Soc d'obst et de gynec de Par 1925 xiv 616

Pregnancy and tuberculosis with remarks upon artificial pneumothorax Sir T OLIVER Practitioner 1925 cxv 360

Excessive size of the fetus in three successive pregnancies

728

Malaria in pregnancy a case resistant to quinine cured by stovarsol POUGET Bull Soc d'obst et de gynec de Par 1925 xiv 673

Pelviography findings in pyelitis complicating pregnancy J T WILLIAMS Am J Obst & Gynec 1925 x 765 [294]

The relation of the kidney to pregnancy tænuas especially eclampsia D S HILLIS J Michigan State Med Soc 1925 xiv 653

Studies in human constitution III Physical types in relation to the toxemias of pregnancy G DRAPER Am J Med Sc 1925 cxv 803

Subcutaneous oxygen and the vomiting of pregnancy CABANES Bull Soc d'obst et de gynec de Par 1925 xi 664

The etiology and prophylaxis of eclampsia A HOCHREY RICHNER Monatsschr f Geburtsh u Gynaek 1925 l ix 206

Lampyris with unusual non protein nitrogen in the blood report of a case R D MISSEY Am J Obst & Gynec 1925 x 820

Three cases of eclampsia in which pilocarpin hydrochloride was used LAUREAT Bull Soc d'obst et de gynec de Par 1925 xiv 693

Diabetes insulin and pregnancy R FITZ and W P MURPHY Boston M & S J 1925 cxvii 1007

Intra uterine twin pregnancy and extra uterine pregnancy PLOMER Bull Soc d'obst et de gynec de Par 1925 xiv 706

for retention of an extra uterine pregnancy at term J VANVYERS Bull Soc d'obst et de gynec de Par 1925 xiv 722

1925 xiv 725

Two successive angular pregnancies in the same patient T J GONZALEZ Bol Soc de obst y gynec de Buenos Aires 1925 iv 365

Intra ligamentous pregnancy V T KENNEDY Am J Obst & Gynec 1925 x 858

A contribution on tubal pregnancy A PONJON Les med 1925 i 118

Ruptured ectopic gestation E KNOWLES Lancet 1925 cxix 1166

Abdominal pregnancy secondary to tubal gestation at term with notes of a case J A KYNACK Edinburgh J J 1925 xxxii Tr Ldnb Obst Soc 159 [294]

### Labor and Its Complications

Modern aids to labor W B HENDRY Illin M J 1925 xlviii 441

856

The place of pituitrin in obstetrics M F R CREE Virginia M Month 1925 lu 600

Gynegon or hypophysin? E RIEDEL Klin Wchnschr 1925 iv 1774

The value of scopolamine morphine narcosis in labor G W THEOBALD Practitioner 1925 cxv 397

Metro-anæsthesia in obstetrics induced by injection of

xiv 691

Haemorrhage preceding spontaneous rupture of the uterus in eclampsia labor R GUARINO Polichin Rome 1925 xxxi sez prat 1389

Spontaneous rupture of the uterus in the seat after cervical transperitoneal cesarean section P MITCHELL Monatsschr f Geburtsh u Gynaek 1925 lxx 49

1925 lxxix 1

Molar pregnancy of eight months Porto's operation recovery KLEIN Bull Soc d'obst et de gynec de Par 1925 xiv 696

The report of one hundred and six cases of extra uterine pregnancy H E STEIN Am J Obst & Gynec 1925 x 833

CHENIT

COTTE  
de Parxvi f  
375 xterus G  
1925 xiv

A plastic operation on the bladder for tabetic paresis  
R. OPPENHEIMER Verhandl d deutsch Gesellsch f  
Urol 1925 252

1925 iii 72  
Anterior urethritis T J McBECK Urol & Cutan Rev  
1925 xxx 711

h  
F  
ixii 1547  
Considerations on two cases of impassable stricture of  
the bulbar urethra J SALLERAS Rev méd de Sevilla  
1925 xlii 1  
Fibrous induration of the corpora cavernosa D R  
MOLLÁ Med Ibera 1925 iv 401  
Total inclusion of the penis in a scar secondary to a  
venereal granuloma J SALLERAS Rev Soc argent de  
urol 1925 i 160  
Carcinoma of the penis J B CARLISLE J Missouri  
State M Ass 1925 xxii 467

### Genital Organs

A new theory of the function of the prostate deduced  
from gland transplantation in physicians H L HUNT  
Endocrinology 1925 iv 479  
Prostatism J J RAVENEL J South Carolina M Ass  
1925 xxi 259  
Colon bacillus infection of the prostate and seminal  
vesicles A L WOLBARST Internat J Med & Surg  
1925 xxxviii 471  
Radum and the roentgen ray in the treatment of sar-  
coma of the prostate H C BUMPUS JR J Urol 1925  
xiv 519 [301]  
The technique of prostatectomy H RUBRITUS Ver-  
handl d deutsch Gesellsch f Urol 1925 206  
Prostatectomy the follow up record in forty two cases  
F S G... I T... I 1925 xxi 503  
I... G VAN A  
iv 669  
e I state A I

I  
The closed and open method in suprapubic prostatec-  
tomy a case report H A SPRINGER Ohio State M J  
1925 xxi 918 [302]  
A new method of drainage following suprapubic prosta-  
tectomy C A MOBLEY Urol & Cutan Rev 1925 xxix  
07

Prevention of complications after suprapubic prostatec-  
tomy R OPPENHEIMER Verhandl d deutsch Gesellsch  
f Urol 1925 215  
Indications for the surgical treatment of the seminal  
vesicles A LEWIN Verhandl d deutsch Gesellsch f  
Urol 1925 190  
Typhoid orchitis epididymitis CASTEX HEIDENREICH  
and COSTEMALLE Rev Soc de med interna 1925 i 471

Spermatogenesis in disease of the epididymis N I  
KRAUDENANOW Ztschr f urol Chir 1925 xliii 205  
Tumors of the spermatic cord unusual case of fibro-  
myxoid sarcoma P BALOCCHI Ann ital di chir 1925 iv  
1049  
Embryoma of the testis A E WEBB JOHNSON Brit  
M J 1925 ii 1048 [302]  
Infections along the sheath of the vas deferens H C  
ROLNICK J Urol 1925 xiv 371 [302]  
The tuberculous nature of certain so called essential  
hydroceles P CARTIER and H GODARD Rev de chir  
Par 1925 xlv 617  
Etiological diagnostic and pathological consideration  
of testicular tumors W H HAINES Urol & Cutan Rev  
1925 xxx 04  
A metastatic testicular carcinoma involving the ab-  
dominal mediastinal and supraclavicular glands treated  
by X ray H J ULLMANN California & West Med 1925  
xxiii 159

### Miscellaneous

The present-day status of urology in Europe C P  
MATTÉ Internat J Med & Surg 1925 xxxviii 416 [303]  
Errors in the interpretation of urographic findings  
W F BRAASCH J Urol 1925 xiv 611 [303]  
The endocrines as factors in urological and cutaneous  
conditions H H RUBIN Urol & Cutan Rev 1925 xxix  
706  
Surgical diseases and injuries of the urinary organs  
Pels Leusden Surgical diseases and injuries of the male  
sex organs VOELCKER and LEDDERHOSE Leipzig Thieme  
1925  
The origin of Cooper's fascia in the scrotal region P  
BARCO Policlin Rome 1925 xxxii sez chir 473  
A case of bilateral anomaly of the urinary tract A  
WEISER Ztschr f urol Chir 1925 xviii 53  
A flexible exploratory sound for the diagnosis of severe  
strictures L BOULANGER J d urol méi et chir 1925  
ix 236  
New urethral dilators and catheters V C PEDERSEN  
J Urol 1925 xiv 671  
The treatment of disturbances of micturition with  
magnesium sulphate WOTASCHENSKY Verhandl d  
deutsch Gesellsch f Urol 1925 p 241  
Intravenous urotropin in postoperative urinary reten-  
tion A E BAKER J South Carolina M Ass 1925 xxi  
294  
A of ..

... 1925 ix 231  
Hematuria H G PLESCHNER Verhandl d deutsch  
Gesellsch f Urol ...

Urinary calculi chemical composition and structure in

## GENITO-URINARY SURGERY

## Adrenal Kidney and Ureter

Thermogene is a the fundamental function of the adrenal medulla and cortex. C E DE M SAJOUS Endocrinology 1925 ix 441

Intermittent autonephrectomy—report of a case J L TENENBAUM Urol & Gyn Rev 1925 xxx 719

1925 lxxx 895

Renal function in persons having only one kidney  
N B FOSTER Arch Int Med 1925 xxxvi 884

Two cases of ureteral fistula J B Ruiz Rev de med y cirug de la Habana 1925 xxx 596

The symptoms of ureteral stones. E KORTNER

[47]

A case of extraperitoneal pelvic ureteral lithotomy  
L CASTAÑO Rev Soc. argent de urol 1925 i 151

## Bladder Urethra and Penis

Oblique and lateral cystostomy H BLANC M VECQ and A DARIAN. J d urol méd et chir 19 xx 105

Hypogastric cystostomy for a foreign body retained after autolithotomy A CHUECO Bol Soc de obs y ginec de Buenos Aires 1925 i 420

Vesical calculus in children R. SANMARTIN Rert. de med y cirug 1925 xvi 502

Vesical rectal fistula in the female J SCHIRMANN Ztschr f urol Chir 1925 xviii 23

[228]

Intermittent urethral lithotomy in an old J d urol

Intermittent urethral lithotomy in an old J d urol

1925 lxxxv 1352

Cystitis caused by amoeba in tolytica and schistosoma  
BRINSONI A PANAYOTATOS Brit. J Ch d Ds 19 xxi 289

Ulcerating lesions in amoebic cystitis M PETTETATIS and P MYLONAS. J d urol méd et chir 19 xx 226

Some observations on the management of cystitis  
W R HORNADAY J Iowa State M Soc 1925 xv 69

A case of vesical syphilis producing a vesico-vaginal fistula B CORRÊA. Arch brasil de med. 1925 xv 619

Leucoplakia of the bladder O J WELZEL J Urol 1925 xiv 623

A clinical contribution on pararenal tumors in the female F D ERCHIA Clin ostet. 1925 xxvii 460

Fibroma of the tendon sheath of the flexor profundus of the ring finger AVONI Chir d organi di movimento 1925 ix 629

Chir d organi di movimento

1925 ix 629

1

1

1

1925 cxxxiv 308

The sunshine and sea side treatment of bone and joint tuberculosis of the foot VAYOLA COCO Chir d organi di movimento 19 5 ix 533

### Surgery of the Bones Joints Muscles Tendons Etc

1925 ix 533

1925 xxi 640

A case of ankylosis of the vertebrae associated with pulmonary tuberculosis K. SIEGFRIED Ztschr f Tuberk 1925 xlii 109

Juvenile dorsal kyphosis C MARINO ZILCO Rassegna internaz di clin e terap 1925 vi 580

The sacrovertebral angle its measurement and the

Practitioner 19 5 cxxv 420

Osteofibroma of the scapula partial removal of the scapula P JAUREGUI Rev de cirug Buenos Aires 1925 iv 238

The anatomy and symptoms of Trendelenburg's phenomenon R STEVENS Ztschr f orthop Chir 1925 xlii 514

A hematoma occurring spontaneously in the sheath of the rectus abdominis muscle a consideration of its gynecological importance

Perthes disease H F MACAULEY Irish J M Sc 1925 p 560 [308]

A peculiar case of genu varum A JAFFA Ztschr f orthop Chir 19 5 xlii 58

The report of a case of swelling of the knees probably due to the tension of tuberculous D PATERSON Proc Roy Soc Med Lond 1925 xiv Sect Study Dis Child

A case of hooked limb ROLLAND ROLLAND and ROY BERGER Bull et méd Soc nat de chir 1925 i 864

1925 ix 533

A physiological method of treatment for the common injuries met with in the region of the knee joint R G ARTHUR J Am M Ass 1925 cxxxv 1921

Surg Clin N Am 19 5 v 1245 [310]  
End results of operation for the correction of drop-foot W C CAMPBELL J Am M Ass 1925 cxxxv 1921

### Fractures and Dislocations

Fractures S B MACMILLAN Canadian M A J 1925 xv 126

The problem of surgical biology why does a fracture of bone repair itself? R LERICHE and A POLLARD Presse méd 1925 xxxii 1426

A clinical study of unusual fractures T BERGMAN Arch f orthop u Unfall Chir 1925 xiii 667

Some experiment on fractures HASTINGS N Zealand M J 1925 xxiv 301

The initial treatment of a fractured limb M SINCLAIR Practitioner 1925 cxxv 312



- Ligation of the anterior tibial artery in the middle and upper third of the leg J A CALIRO *Semana méd* 1925 xxxi 986
- Examination of the effect of the roentgen rays on blood vessels and capillaries O DAVIN *Brit J Radiol* 1925 xxx 462

### Blood Transfusion

- Serological studies on the blood of the primates I The differentiation of human and anthropoid bloods K LANDSTEINER and C P MILLER JR *J Exper Med* 1925 xli 841
- Serological studies on the blood of the primates II The blood groups found in the anthropoid apes K LANDSTEINER and C P MILLER JR *J Exper Med* 1925 xli 853
- Serological studies on the blood of the primates III The distribution of serological factors related to human agglutinogens in the blood of the lower monkeys K LANDSTEINER and C P MILLER JR *J Exper Med* 1925 xli 863

- Hæmogenic hæmophilia P EMILE WEILL and P ISCH WALL *Bull et mém Soc méd d hôp de Par* 1925 xli 1114
- The calcium content of blood and pus and its significance F SCHULZE and E SCHELLER *Arch f klin Chir* 1925 cxxvii 763

- 1925 ix 472
- Identification of three types of mononuclear phagocytes in the peripheral blood F A MCJUNKIN *Arch Int Med* 1925 xxxvi 790
- A case of polycythemia vera treated by venesection W H KROMBEIN *Bull Buffalo Gen Hosp Buffalo N York* 1925 iii 61
- Blood platelet counts in infants and young children S McLEAN J P CAFFEY K V KREIDEL R BURLAND and M BROD *Am J Dis Child* 1925 xxx 810
- The value of the icterus index in differentiating anemia A V ST GEORGE and A L BROWN *Arch Int Med* 1925 xxxvi 847
- Record of a blood crisis A E SOMERFORD *Lancet* 1925 ccix 1260
- Venesection and blood transfusion in carbon monoxide poisoning SIR C GORDON WATSON *Brit M J* 1925 ii 1049
- The classification of the hæmorrhagic diatheses H BECKS *Acta med Scand* 1925 lxii 474
- Concerning hæmophilia J COMBY *Bull et mém Soc méd d hôp de Par* 1925 xli 1327

- 490
- Blood transfusion A O BRYAN *N Orleans M & S J* 1925 lxxviii 387
- Blood transfusion K LAQUA and F LIENIG *Ergebn* 1925 cxxvii 763
- me
- me
- 1366
- Arrest of hæmorrhage by transfusion transference of factors effecting coagulation H WILDEGANS *Arch f klin Chir* 1925 cxxvii 627

### Lymph Vessels and Glands

- The surgical treatment of elephantiasis of the lips V M MELLETTI *Polichin Rome* 1925 xxxii sez chir 520
- Generalized tuberculous adenitis with the report of a case L H CRIEF and F C NARR *Am J M Sc* 1925 clxx 822
- An unusual case of tuberculous inflammation of the tracheal and bronchial lymph nodes H HARTMAN *Texas State J M* 1925 xvi 488
- Clinical and histological observations following roentgen radiation of subacute and chronic abscesses of the axillary glands A RUETZ *Med Klin* 1925 xvi 1299
- The treatment of inguinal adenitis with the salts of antimony F DESTEFANO and R F VACCAREZZA *Semana méd* 1925 xxxii 1013
- Unusual affections of the glands tuberculosis and actinomycosis L E PAGLIARE *Rev Soc argent de urol* 1925 143
- Lymphadenoma (Hodgkin's lymphogranuloma) SIR H ROLLESTON *Lancet* 1925 ccix 1209
- The radiation reaction of metastatic squamous cell carcinoma in cervical lymph nodes D QUICK and M CULTER *Am J Roentgenol* 1925 xiv 529

## SURGICAL TECHNIQUE

### Operative Surgery and Technique Postoperative Treatment

- The hygiene of the operating room M KIRSCHNER *Zentralbl f Chir* 1925 li 2162
- The management of children before and after operative procedures P DREVERMANN *Ergebn d Chir u Orthop* 1925 xviii 475
- The evaluation of surgical risks from the standpoint of the general practitioner F H McMECHAN *Canadian M Ass J* 1925 xv 1209

- Cardiac factors in surgical indications C H ANDERSON *Northwest Med* 1925 xxiv 610 [314]
- Diabetes and operation O LEYTON *Lancet* 1925 ccix 1162
- Some personal observations on operative technique J A KENNEY *J Nat M Ass* 1925 xvi 193
- Aseptic technique in the operating rules of the surgical clinic of Lund R IVARSSON *Acta chirurg Scand* 1925 lix 299
- The blood supply of whole thickness skin grafts J S DAVIS and H K TRAUT *Ann. Surg* 1925 lxxxii 871 [314]

The treatment of fractures of the limbs F D SANDER. Fractitioner 1915 cxv 321

Irreducible and recurring luxations their surgical treatment I Z GUERINI Rev Asoc méd argent 1915 xxxvii 403

The operative treatment of sternoclavicular luxation H MARKER Zentralbl f Chir 1915 li 2055

A typical fracture of the radius A LOERSCH Beitr z klin Chir 1915 cxxxv 53

The diagnosis of epiphyseal separation at the lower end of the radius R MAIER Arch f klin Chir 1915 cxxxvi 519

Some considerations on old unreduced luxations of the carpus A MOUTHER Bull et mém Soc nat de chir 1915 li 870

The treatment of fractures of the long bones of the lower extremity B T TILTON Med J & Rec. 1915 cxxx 663

1473 The treatment of severe fractures of the femur with plaster and extension R EDEN Fortschr d Therap 1915 i 458

Bilateral congenital luxation of the patella and the head of the radius H SIEBER Ztschr f orthop Chir 1915 xlv 555

Luxation of the upper extremity of the fibula J VANVERTS Bull et mém Soc nat de chir 1915 li 855

Tibiofibular diastasis following bimalleolar fracture with inability to walk tibiofibular screw in good functional result C DUJARIER Bull et mém Soc nat de chir 1915 li 878

The mechanism of posterior marginal fractures of the tibia S SIMON Arch f orthop u Unfall Chir 1915 xxii 585

148 The surgical treatment of fractures of the os calcis CORVETT Chir d organ: di movimento 1915 ix 612

The juxta Achilles route of access to the posterior fragment in malleolar fractures TAVERNIER Lyon chir 1915 xxi 715

### Orthopedics in General

1915 i 600 The combination of congenital dislocation of the hip with a congenital defect of the fibula F WATERMANN Ztschr f orthop Chir 1915 xlv 581

## SURGERY OF THE BLOOD AND LYMPH SYSTEMS

### Blood Vessels

A statistical contribution on thrombosis and pulmonary embolism in regard to the Trendelenburg operation F WERNSTER Zentralbl f Gynaek 1915 xlv 1560

[312] A case of palpable air embolism J VIGVÅZ6 Zentralbl

Ann

[312]

U S

f B

R L

1915

xxiv 606

The report of a case of multiple aneurisms and bradycardia resulting from auriculoventricular dissociation C. BELLO Rev de med y cirug Caracas 1915 viii 183

1915 vi 573 Compression of arteries with curved rubber to erect forceps in the treatment of aneurism } R. EASTMAN  
J Indiana State M Ass. 1915 xvi 451

W. R. RILEYSON Proc Roy

Id

inguna

[312]

L. ZEN

di thele

o

chir, etc

## Radium

Some unrecognized dangers in the use and handling of radio active substances with special reference to the

v 4/4

The treatment of cancers of the skin orifices and mucous cavities with radium E J JONQUIÈRES Rev med Lat Am 1925 xi 104

The employment method of using buried radium tubes W S HANDELY Brit J Radiol 19 5 xxx 422 [317]

## Miscellaneous

The present status of occupational therapy in the hospital curriculum J D ADAMS Boston M & S J 19 5 cxviii 1146

Physiotherapy F W HARVEY Canadian M Ass J 19 5 xv 1218

Chemical changes produced by light energy G W PUCHER Bull Buffalo Gen Hosp Buffalo N York 19 5 6

The organization and work of a light department in a surgical tuberculosis hospital Sir H GAUVARD Proc Roy Soc Med Lond 1925 xix Sect Electrotherap 1

The selection of apparatus for the production of artificial sunlight G M LEVICK Proc Roy Soc Med Lond 1925 xix Sect Electrotherap

The limitations of actinotherapy G MATTEUCCI Actinoterapia 1925 v 11

The arterial tension in actinotherapy P M FRANCO Actinoterapia 19 5 v 21

The personal experiences of the author with heat free ultraviolet ray F NETZER Strahlentherapie 1925 ix 181

Medical and surgical diathermy H GOODMAN Fed J & Rec 19 5 cxvii 67

## MISCELLANEOUS

## Clinical Entities—General Physiological Conditions

Dangerous late sequelae of paraffin injections E ROSE Beitr z klin Chir 19 5 cxxxv 244 [318]

Gangrene occurring in the aged C NOON Practitioner 19 5 cxv 409

Bilateral spontaneous emphysema f b j

Studies on the relation between tumor susceptibility and heredity 17 74

The biochemical basis of the disposition to carcinoma E FREUND and G KAMMER Vienna Springer 19

Some phases of the cancer question C E BLACK Illinois M J 19 5 cxviii 460

B SOLO

BARKER

Evidence in favor of the microbiological origin of carcinoma J LOUDON and J M McCORMACK J Michigan State M Soc 19 5 cxv 661

A clinical study of malignant tumors II Breast and abdominal viscera urinary and male sexual organs the vertebrae and the extremities P ZWEIFEL and L PAYE Leipzig Huzel 1925

The grading of carcinoma A C BRODERS Minnesota Med 1925 viii 726

Cancers of the skin the orifices and the mucous cavities E J JONQUIÈRES Rev med Lat Am 19 5 xi 255

The method of Ghilarducci et al

The social struggle against cancer in Argentina J B GONZÁLEZ Rev méd 1925 Am

Journal of the Texas State J M 1925 xxi 493

## General Bacterial, Mycotic and Parasitic Infections

The question of the increase of virulence of microorganisms A REISI Zentralbl f Gynaek 1925 xlv 20 2

The infl

Am M

Colon

Fisch B

740

Cod liver oil treated with magnesium hydroxide in the treatment of surgical tuberculosis G B RHODES J Lab & Clin Med 1925 vi 227

The treatment of surgical tuberculosis J VALLS Semana méd 1925 cxvi 1064

Two cases of septicæmia due to streptococcus viridans MORAG S and GRACIA Ars med 1925 i 13

A case of gonococcus septicæmia L A SIEGEL Bull Buffalo Gen Hosp Buffalo N York 1925 xi 66

Curative intraspinal serum therapy in acute tetanus ROBINSON Bull et mém Soc nat de chir 1925 li 834



The use of the water suction pump for the removal of serous and pus exudates J FLEISCH *Klin Wchnschr* 1925 iv 1593

Bacteriological blood studies after operation E. SEIFERT *Zentralbl f Bakteriol* 1925 xcv 444

The study of the protein bodies of the blood after operation H HUCK *Arch. f klin. Chir* 1925 cxxxvi 774

Postanæsthetic hypoglycæmia a study of the etiology of recurrent vomiting H JOSEPHS *Bull Johns Hopkins Hosp Bilt* 1925 xxxvi 36

The classification of postoperative pulmonary lesions N B Gwyn *Canadian M Ass J* 1925 xv 1205

### Antiseptic Surgery Treatment of Wounds and Infections

The treatment of severe burns G RIEHL *Wien. Klin. Wchnschr* 1925 xxxviii 833

The management of aseptic wounds H REINBERG *Zentralbl f Chir* 1925 lvi 1998

The treatment of incisional sinuses H HALLILAY *Indian M Gaz* 1925 L 559

v 1470

Vaccine therapy of acute microbic infections L BERTRAND *Bruxelles méd* 1925 v 1496

Vaccine therapy in surgery *Riforma med* 1925 xli 1017

The treatment of sepsis with mercurchromosulf report of necropsies in five cases A V ST GROVER *J Am M Ass.* 1925 lxxxv 2005 [314]

### Anæsthesia

The preparation of patients for anæsthesia H P

1925 iii 39

Sacral anæsthesia E J OTTENHEIMER *Boston M & S J* 1925 cxciv 1094

Rectal anæsthesia R D LAURIE *Brit. M J* 1925 ii 1123

Rectal anæsthesia Sir W I DE C. WHELLER *B L M J* 1925 ii 1223

Studies in local anæsthesia. III The pharmacology of some p-aminobenzoate compounds. W J R RICE *LAMP J Lab & Clin. Med* 1925 xi 189

*J Lab & Clin Med* 1925 xi 292

Causes of death in so-called late anæsthetic deaths. Y SUZUKI *Mitt. a d med Fa d k Univ Kyushu Fukuoka* 1925 x 241

## PHYSICO-CHEMICAL METHODS IN SURGERY

### Röntgenology

Dr U 316) the v

102

520

The physical and chemical effects of the roentgen rays on the organism. G D LIEBER *Strahlentherapie* 1925 ii 103

Barium sulphate as a protective material against roentgen radiation F L HILVER *Am J Roentgenol* 1925 xiv 54

A practical method for the routine determination of the quantity and quality of the X rays L C ERNST *Radiology* 1925 v 463

Efficient and economical filtration. A W ESKINE *Brit J Radiol* 1925 xxx 479

The exclusion of the secondary rays by means of the Potter-Bucky diaphragm GLASSCHEW *Ztschr f d ges phys Therap* 1925 xxx 215

C m cxxxiv 209

Rev 1925 xlix 715

A practical method for applying X rays 120-150 per cent of the skin dose to the tumor without injury to the skin W STENSTROM W MATTICK and B SCHERER *Acta radiol* 1925 iv 34 [317]

The action of the roentgen rays on tumor formation C SCHORR *Med Klin* 1925 xxi 1302 1303

Radiological considerations on cutaneous tumors J C LANDAUER *Rev méd Lat Am* 1925 xi 166

Poisoning injuries. H RAU *Strahlentherapie* 1925 xi 213

## Radium

xxx 474

The treatment of cancers of the skin orifices and mucous cavities with radium E J JONQUIÈRES *Rev méd Lat Am* 1925 xi 104

The encirclement method of using buried radium tubes W S HANDLEY *Brit J Radiol* 1925 xxx 421 [317]

## Miscellaneous

The pre-ent status of occupational therapy in the hospital curriculum J D ADAMS *Boston M & S J* 1925 cxviii 1146

Physiotherapy F W HARVEY *Canadian M Ass J* 1925 xv 1218

Chemical changes produced by light energy C W PITCHER *Bull Buffalo Gen Hosp Buffalo N York* 1925 iii 76

The organization and work of a light department in a surgical tuberculosis hospital SIR H GAUVAIN *Proc Roy Soc Med Lond* 1925 xix Sect Electrotherap 1

The selection of apparatus for the production of artificial sunlight G M LEVICK *Proc Roy Soc Med Lond* 1925 xix Sect Electrotherap 2

The limitations of actinotherapy G MATTEUCCI *Actinoterapia* 1925 v 11

The arterial tension in actinotherapy P M IRANCO *Actinoterapia* 1925 v 21

The personal experiences of the author with heat free ultraviolet rays F NETZER *Strahlentherapie* 1925 xv 181

Medical and surgical diathermy H GOODMAN *Med J & Rec* 1925 cxviii 672

## MISCELLANEOUS

## Clinical Entities—General Physiological Conditions

Dangerous late sequelae of paraffin injections E ROSE *Beitr z klin Chir* 1925 cxxiv 244 [318]

Gangrene occurring in the aged C NOON *Practitioner* 1925 cxv 409

Bilateral pontaneous gangrene of the lower extremities

Studies on the relation between tumor susceptibility and heredity II The incidence of fat tumors in strains of mice having a differing incidence of spontaneous growths C J LYNN *J Exper Med* 1925 xlii 839

The new outlook on cancer W CRAMER *Brit M J* 1925 i 175 [318]

The biochemical basis of the disposition to carcinoma E FREUND and G HAMNER *Vienna Springer* 1925

Some phases of the cancer question C L BLACK *Illn s M J* 1925 xlviii 460

Cellular reaction and the problem of cancer B SOKOLOFF *J Cancer Research* 1925 ix 464

Cancer its causes and certain prevention E BARKER *Dresden Pahl* 1925

Evidence in favor of the microbic origin of carcinoma J LOUDOV and J M MCCORMACK *J Michigan State M Soc* 1925 xxiv 661

A clinical study of malignant tumors II Breast and abdominal viscera urinary and male sexual organs the vertebrae and the extremities P ZWILLET and E PAYE *Leipzig Hirtzel* 1925

The grading of carcinoma A C BRODER *Minnesota Med* 1925 viii 726

Cancers of the skin the orifices and the mucous cavities E J JONQUIÈRES *Rev méd Lat Am* 1925 xi 255

The method of Ghilarducci in the treatment of ulcerating cutaneous epitheliomata and cancer of the mouth A P

The social struggle against cancer in Argentina J B

## General Bacterial Mycotic and Parasitic Infections

The question of the increase of virulence of microorganisms A REIST *Zentralbl f Gynaek* 1925 xiv 2030

The influence of focal infections D J MCCARTHY *J Am M A s* 1925 lxxv 1949

Colon bacillosis and helminthiasis LE LORIER and FISCH *Bull Soc d obst et de gynéc de Par* 1925 xiv 740

Cod liver oil treated with magnesium hydroxide in the treatment of surgical tuberculosis G B RHODES *J Lab & Clin Med* 1925 xi 227

The treatment of surgical tuberculosis J VALLS *Semana méd* 1925 xxiii 1064

Two cases of

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The use of antitetanus serum in the treatment of tetanus  
A C HARRISON Internat J Med & Surg 1925 xxxviii  
465

The experimental study of the internal secretions A J  
CORO Rev de med y cirug de la Habana 1925 xii  
592

The uses and abuses of endocrine therapy W L  
BROWN S VINCENT H GARDINER HILL K M WALKER  
H W C VINES and F S LANGMEAD Brit M J 19  
ii 1951

### Surgical Pathology and Diagnosis

The reticulo-endothelium. D BOERNER PATHELY A  
GOEDEL and F STANDEVATHL Leipzig Thèse 1925  
An inductive theory of inflammation. P GRANTZ  
Arch f klin Chir 1925 cxxxvi 6 8

Research 1925 ix 444

### Ductless Glands

Some recent advances in our knowledge of the ductless  
glands I J ABEL Bull Johns Hopkins Hosp Balt  
1926 xxxviii 1 [321]

Endocrinology in children J W BRUCE Kentucky  
M J 1925 xxiii 546

# International Abstract of Surgery

*Supplementary to*  
**Surgery, Gynecology and Obstetrics**

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## EDITOR'S COMMENT

A REPORT by Berard and Moudan of the results of resection of the knee for tuberculous osteo arthritis in twenty five cases operated upon by Olier in the years from 1882 to 1897 (p 392) is an interesting contribution to the literature of surgical tuberculosis. The fact that fifteen of these patients are in good health and that most of them now show no evidence of tuberculous infection indicate the importance of the removal of tuberculous foci when it is technically possible and can be safely accomplished.

Campbell's description of an operation for the correction of drop-foot and report of the end

on the use of various nerves as substitutes for the

noted by many other workers the presence in dogs of a remarkable capacity for nerve regeneration.

A practical discussion on the treatment of penetrating injuries of the eye from a recent meeting of the Section on Ophthalmology of the Royal Society of Medicine the observation by Sharpe and Peterson (p 357) of three cases with lipiodol still present in the spinal canal a number of

of 1100 cases of obstetrical paralysis (p 393) Boorstein's review of the symptoms prognosis and treatment of birth injuries (p 393) and Dickson's study of thirty one cases of peripheral

ment in 363 cases of recurrent inoperable and metastatic tumors of the breast from the Memorial Hospital of New York (p 362) are helpful and suggestive contributions touching on different fields of surgery.

Neugarten's observations of the fate of children

ply of one muscle to another (p 359) suggest that little improvement can be anticipated from this method in the treatment of peripheral nerve palsies.

the use of the technique of diathermy

of surgical treatment of thyroid disease. The writer believes as a result of his study that recurrence is relatively more common in young individuals and occurs oftener after diffuse struma than after other types of goiter.

In connection with the surgery of the thyroid Blalock and Crowe's experimental observations

that are being accorded this important a b nestic procedure.

Desjardins' comprehensive summary of the

# INTERNATIONAL ABSTRACT OF SURGERY

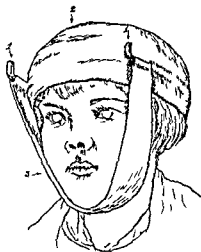
MAY 1926

## ABSTRACTS OF CURRENT LITERATURE SURGERY OF THE HEAD AND NECK

### HEAD

Zerr

porating two projecting arms to which are attached the ends of an elastic band passed beneath the mandible



The author's modification of the Fowler apparatus  
1 Iron posts supporting the elastic band 2 Plaster-of-Paris cap encasing the head 3 Elastic band passing beneath the chin in the original Fowler appliance adhesive strips are used

Risdon F. Arthroplasty of the Temporomaxillary Joint *J Am M Ass* 1925 LXXV 2011

Risdon reviews the surgical anatomy of the temporomaxillary joint calling attention especially to the frontal and orbital branches of the orbital nerve the temporal artery and vein and the auriculo-temporal nerve

The history of arthroplasty on the joint is outlined. Immobility of the joint may be caused by trauma otitis media osteomyelitis arthritis and congenital trismus

In the extra-articular type of trismus the epithelial inlay of Esser and Waldron has been used by

fibrous tissue

In trismus due to union of the coronoid process with the zygoma the coronoid process is resected but the joint is left intact. This procedure gives excellent results

For the correction of recession of the chin a  
widens and the eyeball comes slightly forward

process of the lower jaw J C CARVER MD

Heyerdahl S A Actinomycosis of the Face and  
Neck Treated with Radium *Bull J Radiol*  
1926 xxxi 1

The first attempt to cure actinomycosis with  
radium was made in the radium section of the Riks  
Hospital in Oslo in February 1913 In the follow-  
ing ten years Heyerdahl treated twenty other cases  
of actinomycosis involving the face and neck and  
obtained a cure in all In every instance the diagno-  
sis was confirmed by microscopic examination In  
most of the cases one or more incisions of the acti-  
nomyotic abscesses were made and potassium  
iodide was given internally before the radium treat-  
ment was undertaken After the radium treatment  
was begun all other treatment was suspended As  
the radium rays proved to be fully as effective as  
the potassium iodide the latter was abandoned in  
subsequent cases

Concentrated radium salt was used exclusively

The treatments were given as a rule at intervals

vals of six weeks

Seventeen of the patients were male adults be

## EYE

Gifford H Congenital Defects of Abduction and  
Other Ocular Movements and Their Relation  
to Birth Injuries *Am J Ophth* 1920 35 ix 3

Unless there is a marked visual defect stereoscopic  
vision prevails in the part of the field in which there  
is free motion Diplopia is a rare complaint

At operation the external rectus has been found  
represented by a fibrous band containing no muscle  
tissue The internal rectus is sometimes attached

been attributed to atrophy perhaps of the  
muscles and their insertions intra uterine nuclear  
degeneration defective anlage of the muscles intra  
uterine myositis orbital cellulitis and amniot-

anterior position is the most frequent and in the

fetal cranium and face are much more common  
than is generally believed

In the bilateral cases there is apt to be also some  
other congenital defect such as deformity of the

CLERG stated that in injuries of the eye the  
important determinations to be made first are  
whether complete penetration has occurred and  
whether there is a foreign body in the eyeball or  
adjacent tissues

The prolapsed iris may be replaced or excised If  
the corneal wound is large it may be sutured with  
horsehair or the finest silkworm gut If the lens is  
injured it may be extracted through the corneal  
wound if the latter is large or through a surgical  
wound If the vitreous has prolapsed it should be

Clagg favors the anterior route  
POOTREY believes that conservative methods are  
best of  
and  
pos

sible Scleral wounds should be sutured directly and corneal wounds indirectly Iridolapsed corneal tissue or vitreous should be cut off Pooley has never known sympathetic ophthalmia to follow a penetrating wound of the sclera In all of the cases he has seen there has been an injury of the iris However severe the injury the eye should never be removed during the first fortnight The sclera should be sutured with fine catgut

GOULDEN believes it is safest and best to free the

smaller canal It is important to remember that the

cross section The profile view gives information as to fractures running parallel with the cross section of the canal

The most important part of the optic canal

easily

LYMAN A COPPS M D

Goalwin H A The Clinical Value of Optic Canal Roentgenograms *Arch Ophth* 1926 14 1

Optic canal roentgenograms should be taken with the head the X ray tube and the plate in such a position that the so called central ray coincides with the axis of the optic canal and strikes the plate at a right angle For their interpretation it is necessary to know the distance of the focal spot of the X ray tube the distance of this focal spot from the plate and the distance of the optic canal from the plate

The principal structures seen in such roentgeno

is generally localized and suggests erosion of the wall from without by a tumor or from within by an endotheioma of the optic nerve sheath Excessive pneumatization of the neighboring sinuses is of importance because after thickening or sclerosis nothing short of decompression of the nerve offers any hope of benefit

changes it is necessary to observe the shape and dimensions of the cross section the length of the canal the changes within the lumen the structure of the walls and the changes in the adjacent structures

turbances (7) tumors of the anterior or middle fossa (8) certain general diseases such as Paget's disease acromegaly and rickets (9) tuberculosis with optic nerve symptoms and (10) loss of sight attributed to injury for which financial compensation is sought

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sho  
can

Rodin F H The Treatment of Iridocyclitis by Subconjunctival Injections of Atropine and Epinephrin *Am J Ophth* 1926 35 18 24

P. A. -

in the skull and in cases of exostoses and fracture The dimensions of the two principal diameters should be determined from the plate by calculation or graphically Diameter 1 is directed downward and outward at an angle of 15° to 25°

drugs are likely to cause symptoms of atropine poisoning The injection may be repeated if necessary

Optic canal below average size are the rule in cases of nerve involvement secondary to sinus or other focal infection If the involvement is unilateral the side affected is usually the side with the

these were acute cases The three cases in which the results were unsatisfactory were old cases of posterior synechia

LYMAN A COPPS M D



Graves B Change of Tension on the Lens Capsules During Accommodation and Under the Influence of Various Drugs *Brit M J* 1926 1 46

This article is based on a case in which the anterior and posterior lens capsules containing no lens matter can be observed with the slit lamp. The patient is a man 31 years of age who sustained a penetrating injury of the left eye about eight years ago.

can be noted

The behavior of the capsules shows that one mechanical result of accommodation is a relaxation of the tension of the capsules. When the patient looks at distant objects his lens capsules become tense and when he looks at near objects they relax the posterior capsule relaxing more than the anterior capsule.

the capsules are tense upon the first effect of a

begins to change the size of the pupil

Whenever the region of the other eye or of the affected eye is touched or pressure is made on the other eye there is an immediate relaxation of the capsules. This may indicate an automatic reaction of the accommodation mechanism for protection.

LYMAN A. COOPER, M.D.

1926 iv 21

According to the ophthalmic picture the authors have classified their thirty cases of erythraemia (chronic polycythaemia vera) into four general groups.

In the first group were nine cases in which the eye grounds were apparently normal the average

7 836 000 and the average haemoglobin value 11.2 per cent.

In Group 3 there were ten cases with dilatation and tortuosity of the veins and definite changes in

due to polycythaemia

Polycythaemia is characterized by a tendency toward haemorrhage but retinal haemorrhage is infrequent possibly because of the extreme viscosity of the blood. Fundus changes seem to depend more upon an increase in the haemoglobin than on an increase in the number of erythrocytes. Venous

Duke Elder W S The Reaction of the Intra Ocular Pressure to Osmotic Variation in the Blood *Brit J Ophth* 1926 x 1

of experiments on cats

urine were recorded during and after the injection various isotonic and anisotonic solutions.

When isotonic injections were given the intra ocular pressure followed the blood pressure quite closely. A slight initial fall was followed by a rise during the injection and then a slow decrease to the original level. This effect was very slight and purely mechanical.

inal value by 15 mm Hg. The intra ocular pressure slowly to the initial level.

during the injection fell at first rapidly then rose rapidly, and at the end of the injection exceeded its initial value. It then again fell rapidly to a low level but at the end of forty minutes began to rise again slowly.

During the injections the intra ocular pressure varied with the arterial pressure a mechanical phenomenon dependent upon volume but the later variations could not be correlated with the vascular pressure.

With alimentary administration the initial sudden changes were absent but the later variations were the same as those noted after intravenous injections though less marked.

cautious dissection and elevation of the flap is essential in order to avoid damage to a possible choroidal sarcoma with dissemination of its cells.

Of these two methods the latter is likely to be the less dangerous.

If the presence of a growth is determined by this means the eyeball should be enucleated immediately. If no such evidence is obtained the wound may be closed and at a later date further operative treatment may be given for the glaucoma if it is considered advisable. THOMAS D ALLEN M D

Knapp A Glaucoma in Myopic Eyes *Arch Ophth* 1926 lv 33

While the anatomical peculiarities of the hypermetropic eye favor the development of glaucoma glaucoma of the simplex type occurs also in myopia. Some ophthalmologists have found myopia in about 33 per cent of cases of glaucoma simplex but in only 10 per cent of cases of congestive glaucoma.

The author has found glaucoma simplex in thirty two cases of myopia. One of these cases presented some symptoms of congestion but these were never acute. The majority of the patients were over 60 years of age but one was 16 and another 2 years old.

the blood and ocular contents

LYMAN A COPPS M D

Neame H and Khan W A Glaucoma Secondary to Choroidal Sarcoma the Treatment of Painful Blind Glaucomatous Eyes *Brit J Ophth* 1925 ix 618

Of 402 eyes excised on account of glaucoma ap

new growth

Of sixteen sarcomata of the choroid thirteen were spindle celled three were round or polygonal celled twelve were pigmented and four had little pigment or were unpigmented.

In the diagnosis no assistance is to be obtained from a consideration of the age of the patient.

The treatment of most cases of blind painful glaucomatous eyes should be enucleation especially if the glaucoma is unilateral. In the few cases in which the media of the eye are sufficiently transparent to permit examination of the fundus oculi there is an obvious anterior detachment of the retina and the presence of a new growth is not suspected or is doubtful one of the two following procedures may be adopted as a preliminary to further surgical treatment.

1 Scleral puncture into the space external to the detachment and ophthalmoscopic examination to ascertain whether the detachment (or retinal cyst) has diminished in size.

2 Dissection over the site of the detachment of a scleral flap with its apex directed anteriorly. Very

## NOSE AND SINUSES

Blaif V P The Problem of Bringing Forward the Retracted Upper Lip and Nose *Surge Gynec & Obst* 1926 xlii 128

TL

are drawn forward and fixed in this position. In some cases a combination of the two plans will give the best results.

The methods of building out the bone have been (1) the use of a dental prosthesis (2) orthodontic treatment and (3) cartilage transplantation. In any of these methods it may be necessary to loosen and suture the soft parts forward, deepen and line the sulcus with Thiersch grafts or lengthen the nasal tube with a flap from the forehead, the arm or the mucosa of the mouth.

columella in a forward position on the lower border of the septum.

The article contains numerous illustrations.  
JAMES B. BROWN, M.D.

Layton, T. B. The Septum Operation. *J. Laryngol. & Otol.* 1926, 41, 33.

Layton calls attention to the frequency of unsatisfactory results following septum operations. In some cases the symptoms persist because they are not due to the septum. In others the poor result is due to perforation or incomplete removal due to

often instead of resection of a deviated septum.  
THOMAS C. GALLOWAY, M.D.

Heister, J. D. Some Fundamental Points in the Diagnosis and Treatment of Ethmoid Disease. *J. Indiana State M. Ass.* 1926, 17, 5.

Pathological changes of the ethmoid involve the mucous membrane and the bone. Hajek divides them into (1) inflammations of the superficial layers (2) deep inflammations affecting the soft parts between the bony trabeculae and (3) bone involvement affecting the middle turbinate and involving the mucous membrane, periosteum, bone and medullary substance.

The author states that ethmoiditis begins as a

In the diagnosis of nasal sinus disease the findings of the clinical X-ray and transillumination examinations, the history and the symptoms must be considered.

Ethmoid disease is non-suppurative or suppurative. In the former the diagnosis depends upon anterior and median rhinoscopy and the use of probes for the anterior and middle cells and on posterior rhinoscopy for the posterior cell. In suppurative cases it is necessary to exclude the antrum

structions may result in a cure. In the average case

Fin

Attention is called to the fact that large series

makes sinus infection rank in importance with otitis media and trauma.

of an inflammatory process occasionally a tumor to the brain or its meninges, polydiplopia, meningitis, leptomenigitis, involvement of the brain substance with the formation of an extra-dural or

cerebral involvement and the route of infection.

Attention is directed to the significance of ophthalmic complications. The close anatomical relationship between the posterior group of cells and the optic nerve and orbit explains the frequency of extension of inflammatory processes from one to the other. The relation of syphilis to sinus disease is also considered.

The author describes a case of suppurative posterior ethmoiditis and sphenoiditis with unusual

brane has been removed.

cerebral complications and almost complete destruction of the optic nerve. The intracranial disease was overlooked because attention was focused upon the obvious manifestations of syphilis. The unilateral exophthalmos and primary optic atrophy should have suggested cavernous sinus thrombosis but the patient entered the hospital in the terminal stages when the acute manifestations of nasal infection were forgotten. That they were present and received consideration is evidenced by the fact that the husband of the patient possessed X-ray pictures showing clouding of the ethmoidal sinuses. Another factor that did not receive sufficient consideration was the examination of the spinal fluid.

A. R. HOLLENDER, M.D.

## MOUTH

**Derman, G. L.** Tumors of the Tongue (Zur Kenntnis der Zungentumoren) *Zentralbl. f. allg. Path. u. path. Anat.* 1925 xxxvi 150

The most common tumor of the tongue is carcinoma. Next in frequency are papillary new growths. Rarer are fibroma, lipoma, myxoma, chondroma, osteoma, angioma, amyloid tumors, and adenoma. Exceedingly rare are congenital macroglossia, neurofibromatosis, rhabdomyoma, and sarcoma.

Papilloma  
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removal it recurred and in the course of a year reached the size of a hen's egg filling the entire buccal cavity spreading diffusely into the tongue.

ma

undergoing karyokinesis. Between the tumor cells

in size. When the tumor was removed it measured 5 by 4 by 3 mm. Its surface was nodular and exhibited a reddish deposit. Its cut surface was whitish and its consistency dense. Low power

were arranged in patches. The nuclei were stained a reddish tint by the Van Gieson stain. The entire

connective tissue and fibrous stromal substance and nuclear portions were contrasting structures resembling the stripes of a tiger skin. In many areas the cell combinations were grouped about a fibrous center to form the rosette structures. An illustration in the original article renders the description clearer.

HAUMANN (Z)

## NECK

**Just, E.** Recurrent Struma (Zur Frage der Rezidivstruma) *Arch. f. klin. Chir.* 1925 cxix 160

In von Eiselsberg's clinic 2,647 goiters were operated upon in the period from 1901 to 1923. The indications for operation were narrowing of the trachea and oesophagus and functional disturbances of the thyroid in the form of Basedow's disease and hyperthyreosis. The disfigurement caused by the goiter was not regarded as an indication for operation.

One hundred and twenty-four (4.7 per cent) of the patients were operated upon for a recurrence. To these 124 must be added ninety-eight whose operation at the von Eiselsberg clinic was for recurrence.

Of the 222 patients with recurrence 176 were women. Ten of the women had

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No

of thirty-three women who devel

In the cases of sixty women and twenty men the

tendency toward goiter seventeen were from a goiter region

From the fact that recurrence of a goiter develops relatively more frequently in young persons the author concludes that the gland which has been diminished by operation becomes reformed in response to the demands of the body. Besides the patient's age the type of the struma is of importance in the tendency toward recurrence

exact distinction was made between thyreopriva and parathyreopriva. Congenital athyreosis and its accompanying cretinism is not a simple athyreosis and is less certain to be cured by the administration of thyroid than idiopathic myxoedema or cachexia strumipriva.

The author reports eight cases of operative

operation have there been any symptoms of thyroid deficiency

nothing to suggest a phosphorus containing hormone in addition

Sudeck therefore comes to the conclusion that the administration of thyroid is a certain method of preventing the appearance of the symptoms of thyroid deficiency and that accordingly total extirpation of the thyroid gland cannot be considered a procedure which is never permissible. A sure objective criterion of the dosage indicated is

tion of thyroxin for the remainder of his life after

**Sudeck, P.** Total Extirpation of the Thyroid Gland  
(Ueber die Totalexstirpation der Schilddruese)  
*Beitr. z. klin. Chir.* 1925 cxxxii 533

In 1921 Sudeck reported several cases of carcino

As there is considerable difference of opinion regarding the possibility of such substitution

sule and there are no metastases

deficiency

Experimental investigations regarding thyroid substitution gave findings of value only after an

myxoedema

In other cases an extensive bilateral resection of the glands with ligation of the arteries is indicated

J.A. SIEV (Z)

Craver L F Cancer of the Thyroid and its  
Present Day Treatment *Ann Surg* 1925 lxxxi  
833

Carcinoma of the thyroid is almost always preceded by goiter. It occurs most frequently between the ages of 40 and 60 years and is about twice as common in women as in men. Among the etiological factors are various infections, irritation, trauma and circulatory disturbance. The process is said to

From his review of the literature and a study of thirty seven cases the author concludes that it is best to remove all nodular masses of the thyroid and to give postoperative irradiation with the roentgen ray or the radium pack.

GEORGE R McAULIFF M D

Colledge L Fourteen Cases of Total Laryngectomy for Intrinsic Cancer of the Larynx *J Laryngol & Otol* 1926 xl: 19

This article is a report of laryngectomy in cases unsuitable for laryngofissure. Of the fourteen patients seven are alive and well from one to four years after the operation. Three died from recurrence, two from postoperative bronchopneumonia, one from embolism a month after the operation and one from heart failure six months after the operation. Laryngectomy from above by Glueck's method was done in nine cases.

THOMAS C GALLOWAY M D

In the cases of sixty women and twenty men the

tendency toward goiter seventeen were from a

diminished by operation becomes reformed in response to the demands of the body. Besides the patient's age the type of the struma is of importance in the tendency toward recurrence.

By far the most common form of goiter in both males and females is the diffuse struma which seems to have a special tendency to recur. The type next most apt to recur is the oedematous struma. In the

exact distinction was made between thyroopriva and parathyroopriva. Congenital athyreosis and its accompanying cretinism is not a simple athyreosis and is less certain to be cured by the administration of thyroid than idiopathic myxoedema or cachectic strumopriva.

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the operation. It must be remembered also that the

Sudeck P. Total Extirpation of the Thyroid Gland  
(Ueber die Totalexstirpation der Schilddruese)  
*Beitr. z. klin. Chir.* 1925 **CXXXII** 533

As there is considerable difference of opinion regarding the possibility of such substitution

grade cachexia, severe cardiac symptoms and disturbance of endocrine function and the signs of myxoedema.

In other cases an extensive bilateral resection of the glands with ligation of the arteries is indicated.

JANSEN (Z)

deficiency

Experimental investigations regarding thyroid substitution gave findings of value only after an

The absence of symptoms referable to the lenticular nucleus in most of the cases shows that symptoms if present cannot be attributed to the vascular degeneration nor to the immediately underlying causes. Attention is called also to the fact that while extensive vascular deposits were found constantly in paralysis agitans the discovery of equally advanced changes in other diseases indicates that

ably the former. Punctures should be made in several directions. If the clinical indications point to the presence of an abscess and no pus is found an opening should be made behind the sinus and the posterior portions of the cerebellum should be explored. To expose as large an area of the cerebellar lobe as possible an attempt may be made to displace the sinus. If this is impossible it may be opened plugged and then resected.

STANLEY J. SEEGER, M.D.

**Rea, R. L. A Cerebral Tumor Displacing the Optic Tracts, Chiasma and Nerves.** *Proc. Roy. Soc. Med. Lond.* 1915, XVIII, Sect. Ophth., 43.

The author reports the case of a man 51 years of

patient succumbs. The deposit of iron salts is to be correlated with the high iron content of these parts of the brain.

WALTER C. BURKET, M.D.

**Milligan, Sir W. Cerebellar Abscess.** *J. Laryngol. & Otol.* 1916, xli, 1.

Intracranial abscesses due to acute pyogenic infection of the middle ear cleft are rare. In almost every case the progress of the infection from the original

definite papilledema. A roentgenogram showed a much flattened sella turcica.

A decompression operation was performed. Death from meningitis followed two days later. Post mortem examination showed a tumor of the pituitary region 4 cm. across which had stretched and flattened the right optic tract and nerve (Fig. 1). Microscopic examination showed the tumor to be an endothelioma intimately connected with the walls of the cavernous sinus.

In the discussion of this report it was brought out that the only way in which the tumor could have

tical inquiry. A review of the literature shows that

as a diagnosis of cerebellar abscess has been made no time should be lost in opening up the posterior fossa. Unless this is done death may occur from sudden pressure on the respiratory or cardiac center or both. It has been the author's custom

since he has found lumbar puncture of value in numerous cases.

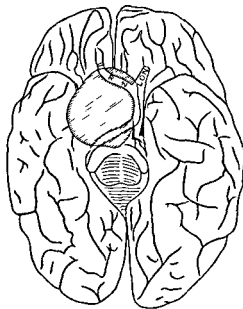


Fig. 1. Base of brain with tumor (shaded) in situ.



# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

Cushing H. Cameron Lectures I The Third Cir-  
culation and Its Channels II The Pituitary  
Body as Now Known III Intracranial Tumors  
and the Surgeon *Lancet* 1935 ccr 851 890 956

These Cameron lectures were delivered at the  
University of Edinburgh on October 19 20 and 22  
1925 They are reported in the *Lancet* slightly  
abridged and will be published as a small volume  
dedicated to Cushing's group of younger associates in  
Baltimore and Boston In this manner he modestly  
gives credit to these men for the subject matter of  
his lectures yet to anyone who is acquainted with  
him his stimulus and guiding hand may be seen  
throughout

I cannot presume to abstract these lectures The

81 years bore no relation to the severity of the

the posterior part occurred in only three cases Fre-  
quently only a few arteries in the anterior half were

the future progress of neurological surgery

LOYAL DAVIS M D

Hurst F W On the So Called Calcification in the  
Basal Ganglia of the Brain *J Path & Bacteriol*  
1926 cxix 65

Sections containing the lenticular nucleus from  
the brains of 100 patients with diseases of the central

present also in the intima Frequently deposits were  
found at the peripheral margin of the Arterio-  
sclerosis

under discussion is incorrect the process consists  
in the infiltration of one or more coats of the vessel  
with iron salts and calcium cannot be demon-  
strated

The so-called calcification deposits in the vessels  
of the globus pallidus occurred in 50 per cent of the  
cases and were found in many diseases of various  
parts of the central nervous system Arterial depos-  
its were seen in all of seven cases of paralysis agitans

degeneration and were present in early life (nine of  
the subjects were under 15 years of age) They were  
present also in the internal capsule and other parts  
of the basal ganglia but not so often nor in such large  
numbers as in the lenticular nucleus They usually  
appeared with vascular deposits sometimes in large  
numbers especially in an area situated a short dis-  
tance behind the extreme anterior tip of the pallidum.

emphasized that conclusions drawn from observa-

necessary to prove the return of function. The nerves best adapted to anastomosis with the recurrent laryngeal nerve seem to be the descending hypoglossal and the upper root of the phrenic nerve. The use of the descending hypoglossal nerve is of advantage because this nerve is situated near the larynx where operative injuries of the recurrent laryngeal nerve usually occur and it is a larger nerve than the root of the phrenic nerve. On the other hand the phrenic nerve is a respiratory nerve and hence better suited to supply the impulses for the

resort to confirm the findings of neurological examination in cases in which it can be removed at a probable subsequent operation. They believe also that in doubtful cases an exploratory laminectomy is better than the injection of lipiodol and that in many cases the injection of air into the spinal theca by lumbar and cisterna magna puncture will be found sufficiently satisfactory for X-ray examination until a non irritating absorbable substance can be discovered. WALTER C BURLET M D

#### Mixter W J Compression of the Spinal Cord by Tumor *Ann Surg* 1925 lxxix 865

Except in the rare instances of metastatic malignant disease with destruction of the cord the symptoms of spinal cord disturbance due to a tumor must be caused by compression associated with

### SPINAL CORD AND ITS COVERINGS

Sharn W and R C G L N

For diagnostic purposes the authors injected 1 c m of lipiodol each

case in which the cisterna magna puncture was done the lipiodol which was arrested in the mid dorsal

were found. The oil remained unabsorbed after five and one half months.

In the two other cases X-ray examination showed the lipiodol to be still unabsorbed after fifteen months. The fact that in numerous roentgenograms its position was unaffected by changes of posture suggested that in these cases also it had become encysted. The absence of severe symptoms of irritation in these cases is attributed to the fact that the injection was made by lumbar puncture and the lipiodol settled to the lowest part of the spinal theca in the sacral cul de sac.

The lipiodol employed was tested and reported aseptic and chemically pure.

The authors therefore conclude that lipiodol should be injected only by lumbar puncture with the patient in the Trendelenburg position so that it can sink to the neurologically less important structure of the cul-de sac of the caudal spinal theca where its presence will cause less harm than in other parts and that it should be employed only as a last

shows signs of block

temperature headache and an increased cerebrospinal fluid cell count

In the use of lipiodol from 1 to 2 c m is injected by cisternal puncture with the patient in the recumbent position. The passage of the oil through the canal is then followed either with the fluoroscope or by a series of plates. During its descent it is seen in elongated sausage shaped masses. If there is no obstruction it settles in the lower end of the lumbar sac usually in the form of an inverted cone. In false arrest the masses retain the sausage shape. In true arrest from obstruction of the canal it forms a cap over the tumor or narrow streaks alongside the obstruction.

At laminectomy the author dissects one side of the spinous processes and then undercuts them so that closure may be made by careful approximation of the fascia to the interspinous ligament. Local thinning of the epidural fat suggests tumor. If no tumor is found when the dura is opened the behavior of the cerebrospinal fluid is noted. If there is no obstruction a pulse wave is transmitted down

given rise to the symptoms (complete blindness

On the basis of accurate and specific cytological

optic tract

SUMNER L. KOCH M D

Elsberg C A Problems in the Diagnosis and Treatment of Infiltrating Tumors of the Cerebral Hemispheres with Remarks on a New Surgical Procedure *Am J M Sc* 1925 clxx 324

The author calls attention to the great difficulty of recognizing the exact nature of infiltrating sub-cortical supratentorial tumors and the frequency with which such tumors are operated upon without any helpful result In order to reduce to the minimum the number of unsuccessful operative procedures

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lateral ventricle indicating the ptes u  
— on whe e it might ur

cortical growths  
toms are characteristic of a cortical growth of pituitary tumor of tumors of the floor of the third ventricle or of tumors within the ventricles

SUMNER L. KOCH M D

Dott N M and Bailey P A Consideration of the Hypophyseal Adenomata *Brit J Surg* 1925 xiii 324

tumors since the graph on the pituitary body Several new interpretations of known fact and some new physiological and clinical facts are presented

Blalock A and Crowe S J The Recurrent Laryngeal Nerves in Dogs Experimental Studies *Arch Surg* 1926 xli 95

In experiments on seventeen dogs the authors anastomosed the following nerves to the severed recurrent laryngeal nerve (1) the descending hypoglossal nerve (end to end) (2) the main trunk of the vagus (end to side) (3) the main trunk of the phrenic nerve (end to side) (4) the root of the which comes from the third cervical

nerve cords after animals were of the cases lation of the tomosis was also noted The histological studies were made principally on preparations stained by the Baelchowsky Cajal and Weigert methods

There was definite evidence of regeneration following the use of each of the nerves employed It is

Of seven cases which were first seen more than two years after the injury (one after five years) a 75 per cent recovery of function was obtained in one and a 50 per cent recovery of function in four. In one case the treatment was a failure and in another the operation was performed too recently to warrant

lesion was due to compression. In two cases the nerve destruction was so complete that nothing

shaped plaster cast and gradually stretches the flexion contracture until the wrist and fingers are in hyperextension. A removable splint is then applied and exercises are begun. As function returns the

reduced and at frequent intervals during the after treatment.

3. Early end to end suture or neurolysis results in a cure in a high percentage of cases while delay of treatment means an unsatisfactory result and often permanent crippling.

4. It should be borne in mind that the fractured extremity consists of muscles, blood vessels and nerves as well as bone. A fracture should be treated to secure both anatomical reposition of the bone fragments and proper function of the part.

WALTER C. BURKET, M.D.

Phillips H. B. and Rosenheck C. Neuro Arthropathies of Peripheral Nerve Injury. Origin Report of Two Cases. *J Am Med Ass* 1926 LXXV 1599

The

Of this number twenty two represented the classical Charcot form of tabes. One of them was caused by syringomyelia and two were due to peripheral nerve injury. None

Neuro-arthropathies of peripheral nerve origin occur in laborers subjected to prolonged or repeated

muscular strain or severe traumata to the joint produced by direct or indirect violence. They develop very gradually with moderate disability. The progressive swelling of the joint may attain considerable proportions. The disability that ultimately supervenes is apparently the result of mechanical factors secondary to the marked periarticular swelling and disorganization of the joint. Pain may be entirely absent as in neuro arthropathies of central origin.

Physical examination reveals a markedly swollen joint with distended synovial sacs. The skin is

history of delayed onset after injury.

Two cases are reported. One of the patients had had an exploration of the shoulder joint for suspected malignancy before he was seen by the authors.

STANLEY I. SEEGER, M.D.

Stewart J. E. An Experimental Study of Transplantation of the Nerve Supply of Muscles. *J Bone & Joint Surg* 1925 VII 948

In an experimental study to determine the effect

left rectus. The right rectus was resutured without the nerve muscle transplant. In three dogs after two, two and one half and three months respectively faradic stimulation of the nerve caused contraction of the left rectus though no actively staining axis cylinders were found in the

nerves distal to the transplant. The right rectus was atrophied and gave the reaction of degeneration in each case.

In a second series of experiments the femoral nerve was resected from its origin from the sacral plexus to its distribution in the thigh. Several weeks later a segment from the adductor longus was transplanted into an artificial defect in the paralyzed

suturing was accurately performed regeneration with power of contraction took place even though the nerve had been paralyzed by an alcohol injection two months previously.

The author concludes from his experiments that

doubtful

that it was not extensive enough to be of practical value

SENNER L. KOCH M.D.

### SYMPATHETIC NERVES

Danielopolu D. The Surgical Treatment of Angina Pectoris. *Brit M J* 1926; 180

In the Jonnesco method of treating angina pectoris the division of certain nerves such as the

nerves which contain sensory cardio-aortic fibers—possibly more than in the Jonnesco operation—are severed. In order to judge the value of the Jonnesco operation the cases which are now sufficiently

Cervical sympathectomy alone may be very

of the vertebral nerve intrathoracic branches of the

or the gastro-intestinal arteries and retroaortic curve to sensory fibers supplying the abdominal viscera. To prevent the attacks in such cases the solar plexus must be treated.

Cases of angina pectoris for surgical treatment

Fedoroff S. P. and Saposchko K. P. The Technique of the Operative Treatment of Angina Pectoris by Section of the Depressor Nerve (Zur Technik der operativen Behandlung der Angina pectoris mit Durchschneidung des Depressor). *Zentralbl f Chir* 1925; 1937

recurrent laryngeal and superior laryngeal

5. It divides into two branches which remained independent

6 It was formed by two roots one from the superior laryngeal nerve and the other from the upper ganglion of the sympathetic and ran along side the vagus

Therefore it is necessary only to expose the point of division from the vagus and the superior and recurrent laryngeal nerves. Any branch which lies in this angle arises at its apex or comes off its sides and then either runs independently or unites with the vagus or the sympathetic nerve is the depressor nerve. Knowledge of this fact renders unnecessary the tedious dissection of the entire region of the neck.

The authors give a detailed description of the operative technique and supplement their article with several good illustrations. RIEDER (Z)

### MISCELLANEOUS

Skilleen R. H. Headaches—The Nasal Aspect  
*Ann Otol Rhinol & Laryngol* 1925 xxxiv 917

The headache or pain of sinus disease results from acute congestion of the mucous membrane with partial or complete obliteration of the sinus cavity or from the pressure of retained exudate on the inflamed mucous membrane. The absorption of toxins from the bacteria present is probably an associated factor. The author believes that vacuum headache is uncommon and difficult of demonstration.

The pain may be dull splitting throbbing or sickening and may change from time to time. It

Though the pain resulting from sinus disease shows many variations certain fairly definite characteristics are noted. In a given infection the pain will always recur in the same place. Complete

the antrum but tenderness on pressure is usually absent.

The pain of frontal sinus infection is a dull head ache which increases until it becomes splitting or

extensive involvement including even cerebral complications

severe

dizziness especially on stooping and pain below the

val of " " sickening and throbbing during the quiescent stage there is only a feeling of heavy pressure. SUMNER L. KOCH M. D.

# SURGERY OF THE CHEST

## CHEST WALL AND BREAST

Greenough R B Varying Degrees of Malignancy  
in Cancer of the Breast *J Cancer Research* 1925  
13 453

erable and metastatic carcinoma of the breast which were admitted to the breast clinic of the Memorial Hospital New York prior to May 1 1922 The interval since these cases of carcinoma were first observed has been therefore three years or more

Cases of recurrent mammary carcinoma were

degrees of malignancy of these tumors was worked out and has been corroborated by the postoperative

2 Such a classification is of importance in the

6 A high degree of round cell infiltration appears

roentgen ray treatment constitute an important

Lee

This article is a report of the course and an analysis of the treatment of 363 cases of recurrent mammary

CONTRIBUTOR

EMIL C ROBITSEK M D

## TRACHEA LUNGS AND PLEURA

Grady H. W. The Demonstration of the Bronchial Tree by Intratracheal Injections of Lipiodol 1m *J Roentgenol* 19 6 xv 63

membrane and about 5 c cm of 1 per cent novocain

Eggers C Lung Abscess Complicated and Ild den by Empyema *Arch Surg* 1926 xii 333

This article is based on ten cases of lung abscess complicated by empyema. Roentgenograms and photographs of some of the patients are reproduced. Case reports are given in detail to illustrate various types of lung abscess.

The cause of a lung abscess does not seem to determine its position. In one of the cases reviewed the abscess followed a septic abortion and in two it followed an operation and was due to the aspiration

both processes occur simultaneously.

Various clinical and pathological pictures are presented by the development and course of lung abscesses. Rupture may occur slowly giving the overlying parietal pleura a chance to become adherent. In such cases an encapsulated empyema is formed. In other cases the perforation may occur suddenly and cause a complete pneumothorax.

Occasionally large abscesses formed within the lung contain so much pus that they are mistaken for empyema. These probably begin as peripheral abscesses.

convalescence

In most cases of lung abscess there is some communication between the abscess and the bronchi and pus is expectorated. The tension in the abscess is therefore not great and the perforation into the pleura is not large. If the bronchial communica-

usually do not require a secondary operation since

as a rule they become obliterated spontaneously.

Adequate drainage of the thorax and sometimes mobilization of the lung is necessary to bring about healing.

CARL R. STEINKE M.D.

## JOHN J. MALONEY M.D.

Stewart D. A. The Medico-surgical Borderland in Thoracic Tuberculosis *Arch Surg* 1926 xii 88

Stewart states that with the new facilities and methods being used today in the treatment of pulmonary tuberculosis the results are much better than the best obtained a few years ago and can be further improved.

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is a need



Singer J J and Graham E A Roentgen Ray  
Study of Bronchiectasis *Am J Roentgenol*  
1926 xv 54

Jackson and Shallow perform a combined (esoph-

agoscopic and external) one stage operation and

prevent postoperative pneumonia, pulmonary ab-

JOHN J. MALONEY M.D.

Lillenthal H Vital Capacity Following Lobec-  
tomy *Arch Surg* 1926 xii 286

Evert J A Malignant Tumors of the Thymus  
with the Report of a Case *Minnesota Med*  
1925 viii 730

Reference is made by Evert to the statement of  
Schridde that with the exception of bone marrow  
the thymus is the organ of the body which is poorest  
in tumors.

The author reviews the anatomy of the thymus  
and cites the various theories which have been  
advanced with regard to the origin and function of  
the parenchymal cells.

formed during childhood the development of the

sematous nature

A series of spirometer readings before operation

the terms sarcomatous thymoma and carci-  
nomatous thymoma

*Thymomata of the sarcomatous type outnumber*

## ESOPHAGUS AND MEDIASTINUM

Jackson C. and Shallow T A Diverticula of the  
Esophagus Pulsion Traction Malignant  
and Congenital *Ann Surg* 1926 lxxxi 1

From esophagoscopy studies Jackson has come  
to the conclusion that the most important functional

usually occur in those under 35 years and have  
been found in children

the form of malignant tumor of the

ent.

The sarcomatous thymomata are usually more rapid in their development than thymomata of the carcinomatous type and cause death from one to four months after their first manifestations. Carcinomatous thymomata develop more insidiously. The dyspnea increases as the tumor grows and the neoplasm may extend to the lungs causing venous congestion and cyanosis of the head and neck.

At the end of the third week the roentgen examination was still negative. A week later rose spots appeared on the abdomen, the sputum was blood streaked and the patient was delirious. The skin eruption soon spread over the entire body and a  
 Y ray  
 nliary

both  
 lungs. The thymus was large and firm. On microscopic examination a thymoma of the sarcomatous type was found in the thymus and sarcomatous metastases were discovered in the cervical lymph nodes and the lungs, liver, bronchial lymph nodes, kidneys and skin.  
 HAROLD M. CAMP, M.D.

# SURGERY OF THE ABDOMEN

## ABDOMINAL WALL AND PERITONEUM

Crissey R H A Method of Radical Cure of Femoral Hernia J Michigan State M Soc 1926 xxv 18

The author's procedure for the radical cure of

intramural nerve plexus (2) the extragastric sympathetic and parasympathetic nerves and (3) the connection between these and the central nervous system By the last mentioned path psych stimuli can exert an influence upon the reflexes of the intestines

In warm blooded animals the primitive autonomies are more strongly held in restraint by the extragastric influences than in animals of the lower orders but they become dominant when the higher centers are disturbed

The dependence of the reflex processes upon the stomach is indicated by the disturbances of secretion and motility in cases of ulcer

Ulcer and cardiospasm may develop independently of one another on the basis of a sympathetic nervous but there are facts which suggest that there may be also a causal relationship between them in which the ulcer is of the greater importance

Investigations carried out by the author with Gellhorn led to the conclusion that besides the reflex arc described by Schlesinger (by way of the

muscle a hæmostat is introduced and made to retrace

is then closed

The author has performed this operation in two cases with successful results

WILLIAM J PICKETT M D

## GASTRO INTESTINAL TRACT

Budd

C

S

A

This article deals with the true spastic or hyper

processes

methods

GUENDEL (L)

Marx H The Effect of Protein Therapy on the Anatomical Picture in Gastric and Duodenal Ulcer (Zur Wirkung der Proteinkoerpertherapie auf das anatomische Bild des Ulcus ventriculi und duodeni) M H u d G en g b d Med u Ch 1925 xxxviii 447

Marx discusses the effect of protein injections

healing there was a tendency towards ulcer formation

in sixteen cases there was a striking but it was evidence of protein is at strom (Z

of a man's arm

The motor and secretory reflexes of the stomach are dependent upon the innervation viz (1) the ment

Lent - - - - -

The authors concede that malignancy of the gastro intestinal tract is not cured by roentgen irradiation but have found that ulcers of the stomach and duodenum are often favorably influenced and some times are cured by it. The pain may decrease in from one to fourteen days. The treatment has little

frequently disturbed the healing. Such stitches may pull out of all of the layers and enter the gastro intestinal tract. When this occurs a defect in the anastomosis usually results. Silk sutures favor the

the seromuscular layers less injurious and the seroserous interrupted Lembert suture least harmful.

Catgut is regarded by the author as the best suture material for the gastro intestinal tract. He found this material lying in the tissues still unab-

mean a cure of the ulcer.

In conclusion the authors state that for cases of

Kop - - - - -

JANSSEN (Z)

Carling E R and Smith A T. Hernia through the Foramen of Winslow. Secondary Rupture through the Gastrohepatic Omentum. *Brit J S g* 19 6 xiii 583.

By experiments on dogs the author attempted to determine (1) the effect upon the end results of gastro enterostomy of various methods of suturing (2) the best method of suturing in gastro intestinal anastomosis (3) the effect of operative occlusion of the pylorus and other modifications of the technique upon the size and form of the gastro enterostomy stoma and (4) the best method of incising the mucosa—whether with the knife and scissors or with the Paquelin cautery.

From his findings he concludes that the result depends essentially upon the suture material and the method of suturing. Permanent maintenance of the original size of the gastro enterostomy stoma is best assured by suturing the mucosa separately. When this is not done the opening tends to become smaller.

The incision of the mucosa is best made with the knife and scissors when the cautery is used the inflammatory reaction is greater. Operative exclusion of the pylorus entero anastomosis by Braun's method and other procedures were without effect on the form of the gastro enterostomy opening. When operative exclusion of the pylorus was done it caused a marked digestive disturbance in the experimental animal and at autopsy the pylorus

author  
Fre

quantity such sutures were found surrounded by cellular infiltration and even as long as one year after the operation the emigration of the stitches

utinary output—which should always be carefully measured—decreases the operation may not be delayed.

Huebener H. Secondary Enterostomy in Peritonitis and Ileus (Sekundaerer Enterostomie bei Peritonitis und Ileus). *Beitr z klin Chir* 1925 cxxx 91.

According to the experience of the Koenigsberg clinic the secondary enterostomy recommended in 1902 by Heidenhain is to be employed whenever

The fistula must be formed above the point of obstruction in order to relieve the gaseous distention of the bowel. The operation should be performed under local anesthesia. Into the portion of the intestine which has been emptied by puncture between two intestinal forceps a rubber tube is sutured by Witzel's method and at the point of exit of the tube the intestine is fixed to the edge of the abdominal incision by a suture. The wound is then closed around the tube. BRUNYER (Z)

Arens R A and Bloom A R. The Role of the Temperature of the Opaque Meal in the Filling of the Duodenal Cap. *Radiology* 1926 vi 34

The findings of these experiments prove conclusively that there is no difference in the filling time of the duodenal cap due to variations in the temperature of the opaque meal.

JOHN W. NIZUM M.D.

Walters W Kilgore, A M and Bollman J L. Changes in the Blood Resulting from Duodenal Fistula. *J Am Med Ass* 1926 lxxxvi 186

In reports of cases of duodenal fistula no explanation has been given of the cause of the associated toxemia. The authors study of the chemical changes in the blood accompanying clinical and

accumulation of non protein nitrogen in the blood was prevented.

Intravenous injections of glucose solutions and

were given.

The experiments led to the conclusion that fluid balance plays a part in the toxemia accompanying duodenal fistula. Parallel studies of changes in the blood coincident with experimental gastric fistula showed that with an increase in the amount of

chloride content. To determine how much of the

is then jejunostomy

Mueller F. The Surgical Complications of Meckel's Diverticulum (Die chirurgischen Komplikationen des Meckelschen Divertikels). Dissertation Erlangen 1925

Following a brief review of the theories as to the origin of Meckel's diverticulum the author discusses the causes of surgical complications on the

and those caused by the mesentery of the diverticulum.

The author does not discuss the diagnosis. He mentions that it can be only surgical.

plications and those of invagination and diverticulitis

In conclusion the author reports four cases operated upon at the Erlangen university clinic three of which were cured  
VOLLHARDT (2)

Pennett C A Cancer of the Colon *Brit M J*  
1926 1 1

the examination of patients with recurrent attacks of abdominal pain and constipation. During such an attack careful palpation will often reveal disten-

tion of the colon, which the diagnosis was made only at operation.

Fungating growths do not encircle the bowel and have little tendency to cause obstruction. Such tumors ulcerate and their symptoms are due chiefly to the resulting infection. The cachexia and diarrhea often lead to an erroneous diagnosis of simple or ulcerative colitis. A pelvic tumor may give rise to bladder symptoms. The author describes the following syndromes: (1) vague abdominal symptoms such as transient abdominal pain; (2)

before a sigmoidoscopic examination should always be made.

In the hope of helping the surgeon to

employed without a colostomy. In the technique used by the author axial rotation of the bowel is done so that the mesenteric angles not in apposition and the peritoneum is brought in contact from one side at least. In properly selected cases Paul's method may be employed.

The results of surgery are better in cancer of the colon than in cancer of any other part of the body.  
WILLIAM J PICKETT M D

Cunningham T D Stasis in the Ascending Colon  
Simulating Chronic Appendicitis *Radiology*  
1925 v 480

Cunningham discusses cases of digestive disturbances which are caused by

has found that in cases of this type in which an

sufficient roughage and a poorly balanced vitamin content, insufficient exercise of the abdominal muscles and the increasing strain of modern living.

SHIRLEY C LYONS M D

Petrén G The End Results of Ekehorn's Rectopexy for Rectal Prolapse in Children *Acta chirurg Scand* 1925 lxx 287

Petrén reports the findings made at re-examination of twenty-six children on whom a rectopexy by Ekehorn's method was performed from one to fourteen years ago. In all the result was satisfactory.

Case J T Suggestions Regarding the Radium Treatment of Rectosigmoid Carcinoma *Am J Roentgenol* 1925 xiv 547

In cases of rectosigmoid carcinoma the tumor is frequently at a higher level than can be reached with the proctoscope and the direct application of radium by rectal introduction is uncertain. The author

At the end of that time a rubber tube containing the radium is drawn through by means of a strong linen thread. The radium is secured in the tube by a ligature tied above and below it. It is kept in contact with the tumor by a shoulder on the tube which impinges against the stricture and is formed by rubber wound around the tube. The tube projecting from the rectum is drawn taut and clamped.

I EDWARD BISHKOP M D

## LIVER GALL BLADDER PANCREAS AND SPLEEN

Oliver S Surgical Problems in Jaundice *Okla State M J* 1926 xxii 21

The bile salts sodium glycocholate and sodium

In cholecystitis and cholelithiasis there is an increase in the bile salts in the urine but in certain cases of hepatic cirrhosis it is common to find an increase in the bile pigment with no increase in the bile salts. In pancreatic necrosis carcinoma of the liver and pancreas arsenphenamin jaundice and gamma of the liver an increase in both bile elements is found.

From ten to twelve days after the gall bladder is removed by operation.

In some unfavorable cases there is a marked post operative increase in the bile elements in the urine the bile continues to be low in bile elements and death occurs from anuria and myocardial insufficiency. In others the biliary and urinary secretions

manent damage has been done to the tissues of the liver.

(2) hemolytic jaundice with bile pigment of altered type and no increase but a possible decrease in the bile salts in the blood (3) hypertrophic cirrhosis of the liver with an enormous increase in the bile pigment but no increase in the bile salts (4) chemical jaundice with hepatic insufficiency and (5) pernicious anemia.

Oliver believes that in gall bladder disease there is a general systemic toxemia due to a functional or pathological change in the liver which is followed by secondary lesions in other organs especially the heart and kidneys.

The treatment should include non operative measures to relieve the diseased liver as well as surgical treatment of the gall bladder.

WILLIAM J. PICKETT, M.D.

Andersson L. Traumatic Separation of the Gall Bladder from the Liver. *Acta Chir Scand* 1925 117:369

Contributed by the International Association of Surgeons

Am J Surg 1925 21:50

Contributed by the International Association of Surgeons

For a patient weighing 125 lbs or more 35 gm of the salt are dissolved in 300 cc of distilled water. This solution is filtered and boiled and is given intravenously in two equal doses one half hour

When the gall bladder is normal its shadow is faintly visible after from four to seven hours becomes deeper up to twenty four hours and then

shadows and adhesions may be revealed by ultraviolet in the outline of the gall bladder. An abnormal location of the gall bladder may also be diagnosed.

enteric pill. The dose is 5 gr for each 10 lb

be accepted as correct and when the diagnosis is doubtful it should be checked by the intravenous use of the drug. Reactions were more common

denum through the duodenal tube. Because of the occurrence of reactions, variously coated pills were tried. The best results have been obtained from the oral administration of 5 gr. of tetra iodophenol phthalein in resin coated capsules. Stewart and Ryan's interpretation of the roentgen shadows are identical with those of Graham and his co-workers.

I EDWARD BISHKOW M.D.

**Belden W. W. Secondary Evidence of Gall Bladder Disease.** *Am J Roentgenol* 1926 xv 59

Belden believes that until the tetra iodophenol phthalein test can be used by the majority of physicians and roentgenologists, gall bladder disease can be diagnosed most frequently from secondary

common deformity here consists in an elevation, displacement to the right, narrowing and fixation of the intestine.

A most important finding characteristic of gall bladder disease is fixation of the hepatic flexure, but occasionally this is caused also by a long retrocaecal appendix, tuberculous peritonitis or omental adhesions.

A most common type of indirect evidence of gall bladder disease is deformity of the stomach and duodenum due to pressure by the distended gall bladder.

ature and are best seen with the patient in the prone position which forces the antrum into the right upper corner.

the head of the pancreas may also cause pressure defects suggesting enlargement of the gall bladder.

JOHN J. MALONEY M.D.

**Phillips J. The Diagnosis and Treatment of Gall Bladder Disease—Medical Aspects.** *J Iowa State M Soc* 1925 xi 649

Gall bladder dyspepsia is manifested by fullness in the epigastrium, the belching of sour material, distress noted two or three hours after meals, occasional slight fever and icterus, sensations of chilliness.

a history of exposure to lead.

In angina pectoris the attack is brought on by exertion and there is a history of dyspnoea on exertion. The subsequent hyperæsthesia is over the precordium.

bending backward.

Herpes zoster may cause severe pain for several days before the appearance of the eruption.

to the local hot applications and a diet of

creases, operation is indicated to prevent rupture.

In chronic cholecystitis a simple diet with the avoidance of fried foods, sweets, pastries, coarse vegetables, pork and veal may be sufficient for



relief Milk mixtures may be taken between meals and when the patient retires Hyperacidity is decreased by olive oil or if marked by alkaline powders taken before meals Rest before meals thorough mastication and abstinence from tobacco are adjuncts to treatment

J C CARVER M D

Guthrie D Indications for Cholecystostomy and Cholecystenterostomy *Atlantic M J* 1925

xxix 39

varied from soreness to severe paroxysms and in most instances was not continuous

LITCHFIELD estimates that 90 per cent of patients

142

SHIRLEY C LYONS M D

Brandberg R. A Contribution to the Knowledge of the Results of Splenectomy in So Called Banti's Disease *Acta chirurg Scand* 1925 Ex 335

Of four cases of cirrhosis of the liver with enlarge

there is no obstruction of the cystic duct

The cases best suited to cholecystenterostomy

head of the pancreas In acute empyema of the gall bladder cholecystostomy is indicated Cholecysten

cirrhosis of the liver is due to venous stasis Splenectomy has a beneficial effect in these cases because the cirrhosis often becomes stationary after the reduction in the function of the liver which is brought about by the operation A cure by splenec

condition

the spleen is difficult to remove  
genesis is not revealed even by operation The

The limitation of the indications for operation on the spleen is still a moot  
tients with  
complica  
relax of the  
non

Waterworth precise for local infiltration with the use of nitrous oxide in addition if necessary

The nature of the primary aleukæmic splenomegalies characterized microscopically by a cellular hyperplasia of varying type is obscure but these conditions seem to be influenced favorably by splenectomy

### MISCELLANEOUS

Dexter R. Observations on the Diagnosis of Subphrenic Abscess *Am J M Sc* 1925 clxx 810

The onset may be acute or insidious. Frequently it follows an operation for one of the conditions mentioned

form ligament and extends to the right lateral ligament of the liver. It is connected with the right

and chest pains

If the condition is not treated the abscess may rupture spontaneously into the lungs, stomach or intestines

A diagnostic point is limitation of the costal

ward

peritoneal space by the foramen of Winslow. Infection in the lower abdomen may come to this space through the lumbar fossa and an infection in the lesser peritoneal cavity which is virtually the left intraperitoneal space may gain access to it through

ulcer and in one either a gastric or duodenal ulcer. Its onset was insidious. In every instance an operation was performed for the subphrenic abscess and in four was followed by recovery. The liver was displaced downward in only three cases. In five cases there was apparently pleural involvement. In all six the X ray showed the diaphragm to be displaced upward and more acutely arched than normal. It revealed also limitation of the diaphragm

et abdomen. These anatomical connections show how easily infection in the abdominal or retroperitoneal organs can be carried to one of the subphrenic spaces or other regions.

In conclusion the author gives a summary of the physical and X ray findings in the six cases reported.  
HAROLD M CAMP MD

Roedelius E. Injury of the Bladder in the Opening of Douglas Abscesses (Ueber Blasenverletzungen bei Eröffnung von Douglasabscessen). *Deutsche med Wchnschr* 1925 li 1151

While ileo inguinal abscesses resulting from appendicitis or gynecological affections can usually be

caused by spontaneous rupture

must always precede the opening of the pus pocket is not without danger. The author has seen two cases of injury of the bladder in the male. In both of these the surgeon neglected to have the patient empty his bladder before the operation.

In the female the anatomical relationships are such that injuries of the bladder are rare as this viscus whether full or empty is protected by the uterus. When the abscess is approached through the median line of the posterior vault of the vagina close up behind the portio an injury of the bladder is practically impossible. In the male the bladder is in the danger zone even when it is empty. If the puncture is made too near the anus the bladder is apt to be punctured directly and if the bladder is full it may displace the abscess and be injured through it indirectly.

In one case reported by the author an exploratory puncture was undertaken with a fine needle intro-

duced in the midline behind the prostate. The

urine was evacuated through the rectum. On account of the patient's poor general condition closure of the fistula could not be considered. Therefore an artificial anus with total isolation of the intestine was necessary. Complete recovery resulted the fistula becoming completely closed in a few weeks.

These cases show that the opening of Douglas's abscesses by way of the rectum in the male is without danger and demands great care. It is particularly important to have the bladder empty. Even the use of a blunt pointed hæmostat will so always prevent vesical injury.

If an extensive injury of the bladder occurs

# GYNECOLOGY

## UTERUS

Brady L. Gonorrhœal Endocervicitis Treated with Strong Solutions of Mercurochrome  
*Bull Johns Hopkins Hosp Balt 1925 xxviii 400*

The usual procedures employed in the treatment of gonorrhœal endocervicitis are unsatisfactory

vaginal douches were given twice a week being omitted on the days when smears were taken. The dye was applied to the entire vaginal portion and the endocervix up to the internal os. No other treatment was used.

A patient may be regarded as cured when three successive smears taken at intervals of two weeks and a smear taken at the end of a month without treatment have proved negative and the leucorrhœa has been reduced or entirely abated.

Of thirty ix patients treated in the manner described twenty five were absolutely cured four were probably cured (last smear not taken) and five with bartholinitis or definite pelvic involvement did not respond at once. The average time required to obtain a proved cure was three and one

GOODRICH C. SCHAUFFLER M.D.

Gaujoux E. The Obstetrical History of a Uterus Containing Multiple Large Fibromata Which Had Been Treated with the Roentgen Rays (Histoire obstétricale d'un utérus avec volumineux fibromes multiples antérieurement traités par rayons X). *Bull Soc d'obst et de gynéc de Par 1925 xiv 589*

The patient whose case is reported was a primipara

wide transverse bands which folded the abdomen over so that the umbilicus was only 10 cm from the symphysis. The surrounding skin was very vascular and pigmented.

When the patient was seen by the author she presented abdominal enlargement greater than that of pregnancy at term. On palpation three large fibroids each the size of a fist could be felt. The other findings were normal. In spite of the size of the fibroids it was not believed that they would

were no pains and only faint uterine contractions. None of the fibromata was situated in the lower segment of the uterus but the progress of the head was considerably impeded by the placenta. Operation was advised.

By the time the patient reached the hospital the hæmorrhage had ceased the cervix was widely dilated and the pains were stronger. A few hours later a living male child was extracted with the forceps.

Brooks C. D. Radiotherapy in Inoperable Carcinoma of the Cervix. *Am J Roentgenol 1925 xiv 541*

Healy W. P. Evaluation of the Treatment of Carcinoma of the Cervix with Radium. *Am J Roentgenol 1925 xiv 542*

series of irradiations which were given in two sittings separated by an interval of one month resulted in an X ray burn causing ulceration of the abdominal wall from the umbilicus to the symphysis. This lesion healed very slowly and its scar formed

the treatment was repeated in three weeks but in the last three years it has been repeated in three

dosage of radium applied in and about the lesion, in addition to the external irradiation is between

roentgen therapy is delayed and she is given large doses of alkalies forced fluids and foods, saline

ROLAND S. CROW, M.D.

# MISCELLANEOUS

Sellheim II A Folding Speculum for the Safe Performance of Intra Uterine Interventions

II IV I C I

The specula used heretofore for the exposure of

phocytes polymorphonuclear leucocytes and plasma cells and finally the development of a replacement

and can be rotated to about 180 degrees around the

# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

stability of  
Cause of  
in fetoma  
(197) Rev

The authors report investigations they carried out to determine the correctness of MacQuarrie's

Group 2 51 per cent Group 3 7 per cent and Group 4 38 per cent

They then determined the blood groups of a number of pregnant women and women who had been recently delivered. In these the blood groups were as follows: Group 1 4 per cent Group 2 52 per cent Group 3 7 per cent and Group 4 38 per cent.

Averages of corresponding percentages given by various investigators for adults are: Group 1 37

in the

possibility of complications if the fetal and maternal bloods become mixed. To test MacQuarrie's theory it was necessary to determine whether the fetal and maternal blood are always incompatible in cases of eclampsia, albuminuria and uteroplacental apoplexy.

In the period from 1924 to 1925 the authors studied 121

and in two normal cases the blood of the fetus and the blood of the mother belonged to the same group and in twenty five belonged to different groups but were not incompatible because that of the fetus belonged to Group 4 and that of the mother to Group 1.

Therefore incompatibility was present in only thirteen (14 per cent). However the fact that the pregnancy was normal in these cases with incompatibility does not necessarily disprove MacQuarrie's theory since the fetal and maternal circulations may have remained intact.

In the twenty nine cases with complications the

that MacQuarrie's theory does not account for the cure of albuminuria of pregnancy by a milk diet which has no power to change the blood groups nor explain the occurrence of postpartum eclampsia.

SALVATORE DI PALMA M.D.

## LABOR AND ITS COMPLICATIONS

Irving F. C. and Goethals T. R. The Elimination of the Second Stage of Labor in Breech Presentations. *Am J Obst & Gynec* 1926 1: 80

The authors report a study of the fetal mortality in primary breech presentations as shown by the records of the Boston Lying In Hospital for the ten years from 1914 to 1923 inclusive. During this period there were 235 primary breech deliveries with twenty three infantile deaths a mortality of 9.78 per cent. Ninety four of the women were primip-

cases

P

out labor

2. A policy of hands off during the first stage except when because of lack of progress after premature rupture of the membranes a Voorhees bag was inserted to aid dilatation or to stimulate uterine contractions.

3. Immediate extraction after full dilatation.

the treatment was repeated in three weeks, but in dosage of radium applied in and about the lesion in addition to the external irradiation is between 6 000 and 9 000 mc hr

Healy's statistics seem to show that a diagnosis

roentgen therapy is delayed and she is given large doses of alkalis forced fluids and foods saline

ROLAND S CROX M.D

#### MISCELLANEOUS

Sellheim H A Folding Speculum for the Safe Performance of Intra Uterine Interventions

The specula used heretofore for the exposure of

# OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

Cathala V and Le Rasle H. Incompatibility of the Fetal and Maternal Blood as a Cause of Eclampsia (L'incompatibilité sanguine fœtomaternelle est-elle la cause de l'éclampsie?) *Rev franç de gynéc et d obst* 1925 xx 577

The authors report investigations they carried out to determine the correctness of MacQuarrie's theory that the toxæmias of pregnancy are due to

Group 1 51 per cent Group 3 7 per cent and Group 4 38 per cent

They then determined the blood groups of a number of pregnant women and women who had

Average of various in per cent (cent and

In the group of the infant was the same as that of the mother in

and maternal blood are always incompatible in cases of eclampsia albuminuria and uteroplacental apoplexy

In the period from 1924 to 1925 the authors studied 121 cases of

and to Group 4 and that of the mother to Group 1

Therefore incompatibility was present in only thirteen (14 per cent) However the fact that the

In the twenty nine cases with complications the fetal and maternal blood belonged to the same group in twenty and to different groups in nine In three of the latter however the fetal blood belonged to Group 4 and the blood of the mother to Group 1 There was incompatibility in only six (20 per cent)

As the incidence of incompatibility was 14 per

plexy In conclusion they call attention to the fact that MacQuarrie's theory does not account for the cure of albuminuria of pregnancy by a milk diet which has no power to change the blood groups nor explain the occurrence of postpartum eclampsia

SALVATORE DI PALMA M D

## LABOR AND ITS COMPLICATIONS

Irving F C and Goethals T R. The Elimination of the Second Stage of Labor in Breech Presentations *Am J Obst & Gynec* 1926 x 80

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The twenty three deliveries with death of the inf

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cas

Because of the high fetal mortality at the hospital during the year 1920 the authors were given the special assignment of breech deliveries for the twelve month period beginning March 1 1921 The routine procedure in such cases was as follows

- 1 Careful auscultation of the fetal heart through out labor
- 2 A policy of hands off during the first stage except when because of lack of progress after premature rupture of the membranes a Voorhees bag was inserted to aid dilatation or to stimulate uterine contractions
- 3 Immediate extraction after full dilatation



In the cases of thirteen primiparae and twelve secundiparae. On of h

prævia and certainly not in the lateral forms in which the hæmorrhage ceases after rupture of the membranes. He states that possibly it might be better to operate just after the first hæmorrhage

after birth

External version to convert a breech presentation

Pujol M. G. Two Cases of Placenta Prævia Treated by Hysterotomy (Deux observations de placenta prævia traités par l'hystérotomie) *Bull Soc d'obst et de Gynec de La* 1925 xiv 585

The first case reported in this article was that of a 26 year old secundipara with a kyphoscoliosis and a narrow pelvic outlet. In the eighth month of pregnancy the patient had two hæmorrhages separated by an interval of two weeks. After a few

#### NEWBORN

Delding D. L. Notes on the Etiology and Epidemiology of Impetigo Contagiosa Neonatorum *Am J Obst & Gynec* 1926 x 70

The author has found in agreement with previous investigators that the cause of impetigo con-

The variation in the virulence of the infect

bleeding

On account of the fetal and maternal mortality and the danger of infection which are associated

infants since early cases are capable of the infection before a diagnosis is made  
EDWARD L. CORWELL M.D.

## MISCELLANEOUS

Dickinson R L Sterility Fertility Studies in Animals and Their Bearing on Human Problems *Am J Obst & Gynec* 1926 x 51

Dickinson states that if judged by the cow the small size of the ovaries sometimes found in sterile women whose other genital organs are normal does not necessarily indicate defective ovulation

With regard to the bearing of the persistent corpus luteum on amenorrhea and sterility he cites Zschokke who attributed the failure of absorption of the yellow body in cattle to the presence in the uterus of some

generally due to inflammation or infection of the seminal vesicles or of the seminiferous tubules and epididymis  
EDWARD L CORNELL M D

Neugarten L The Fate of the Children of Eclamptic Mothers (Ueber das Schicksal der Kinder eklamptischer Muetter) *Zentralbl f Gynaek* 1925 xlv 1938

days after parturition the delayed rupture is expedited manually

The suggestion is made that one child sterility

centage of pregnancies their safety and the vigor of the young The fertile period in cows is very short frequently fifteen hours or even less

the fertilizing power and concentration Whenever many abortions occurred in the animals studied the sperm was always found pathological

brought back to the hospital and reports were received that six of them had died The causes of the six deaths had no direct relationship to the maternal eclampsia but there was an indirect relationship in that five of the infants were delivered prematurely Of the twenty four infants who were re examined none had ever suffered from convulsions and all were entirely normal in their physical and mental development  
SCHLOSSMANN (G)

# GENITO-URINARY SURGERY

## ADRENAL KIDNEY AND URETER

Graves, R C Pyelographic Media *J Urol* 1921  
xiv 576

This article deals with opaque media and the choice of the most suitable solution for use in the urinary tract. The many colloidal silver preparations employed in the earlier years of pyelography proved unsatisfactory since in many cases renal injury was caused by silver emboli and in a few cases death resulted. It must be borne in mind that over-distention of the renal pelvis may produce a prompt invasion of the local as well as the general circulation.

Therefore since the pyelographic medium is potentially an intravenous injection the choice of the opaque solution demands extreme care.

In 1915 Burns introduced for use in pyelography a neutral solution of thorium nitrate and sodium citrate. Thorium is relatively non-toxic but expensive. In the past seven years aqueous solutions of

renal injury

Frontz W A Errors of Technique and Interpretation in Ureteropyelography *J Urol*  
1925 xiv 579

Lower W E and Belcher G W Urographic Studies of the Ureters *J Urol* 1925 xiv 591

Elsendrath D N and Koll I S Pyelographic Errors in the Diagnosis of Renal Neoplasms. *J Urol* 1925 xiv 615

FRONTZ states that the pyelographic medium is introduced into the pelvis and ureter most safely by the use of a graduated burette elevated not more than 3 ft above the patient. This gives a maximum pressure of 25 mm. Some urologists prefer the use of a syringe with a manometer attachment.

Of late years it has ceased to be the custom to obtain bilateral pyelo ureterograms largely because a more satisfactory examination can be made when

levels it presents an increased development in the form of so called ring muscle. These levels correspond to the three points of narrowing of the ureter. The areas of more or less fusiform dilatation of the ureter so frequently seen are to be interpreted as a phase of the normal peristaltic wave. At a given point marked constriction may be evident. These findings frequently represent spasms of the ureter and renal pelvis. Hence a marked variation may be noted in the normal ureter and pelvis depending upon the normal points of narrowing the peristaltic wave and spasm induced by mechanical and chemical irritation of the smooth musculature of the pelvis and ureter.

Mechanical obstruction to the urinary outflow is first in strong muscular contractions. If the

The presence of considerable ureteral dilatation above a point of narrowing is positive proof of obstruction and if a calculus can be eliminated the

In such cases the diagnosis must depend upon a correlation of the clinical findings and those of repeated X ray examinations. The author is firmly convinced that cases of true ureteral stricture which do not give unmistakable urographic findings are very rare.

ur  
w!  
adequate explanation of this condition has been  
offered

The diagnosis of ureteral calculus is usually easy. Extra ureteral shadows may usually be identified by

when they are the sole findings should always be rechecked since the injection of a solution against the peristalsis of the ureter and against the urinary flow does not give an absolutely accurate picture

Kinks due to nephroptosis aberrant blood vessels infected hydro ureters and periureteral inflammatory or malignant disease are fairly common. It is at all times just as important to determine the cause as the presence of a kink.

I

Spontaneous fistula of the ureter is rare. The authors show a pyelo ureterogram of a case of this type.

A preliminary plain X-ray film of the urinary tract should be studied stereoscopically before ureteral catheterization is done. Stereoscopic ureterograms should be made particularly in cases of calculi. A variation in the concentration of the opaque solution will often render more distinct a shadow in the preliminary stereoscopic plate which suggested a calculus. The denser the suspected shadow the weaker should be the solution.

In cases of secondary tumors of the ureters and particularly in the rare cases of primary tumors the ureterogram is often of particular value but a positive diagnosis is difficult. No doubt many hydro-nephrotic kidneys have been removed without identification of the etiological factor. The ureterogram is second in importance to the cystoscopic observation of the tumor itself. A ureterogram should be made in every case of ureteral obstruction in order that a tumor of the ureter may not be overlooked.

ferent types of pelvis is essential for the avoidance of diagnostic error.

LOWER and BELCHER state that until we develop a technique for the examination of the kidney and ureter similar to the Graham technique for examination of the gall bladder the accuracy of interpretation of ureterograms will remain somewhat limited.

opaque solution is apt to occur

" " " re cystitis is always a secondary condition. Only by this means will torsions, kinks, twists and strictures of large caliber and congenital dilatation of the ureter be found. A similar study of each ureter together with a cystogram should be made to determine a reflux up the ureter. The ureterogram may be normal when

ureteral stricture requires the passing of the obstruction by a hollow tube in order that the urinary tract proximal to the stricture may be photographed.

been found of aid in cases of this type

A No. 5 or 6 French roentgenographic ureteral catheter is passed to the point of obstruction and an

14. It has been described

A short ureter suggests a dystopic or horseshoe kidney. Malformed ureters are generally found in the investigation of cases of general abdominal pain. Slight variations are not of serious moment and

then shows the exact length of the stricture

proper and its major and minor calyces. This deformity is caused more often than is generally believed by such conditions as acute suppurative perinephritis, more chronic, fibrous perinephritis and atrophic pyelonephritis.

A distinct filling defect is very valuable evidence of an intrarenal neoplasm. A neoplasm located at the pelvic outlet and blocking it from within or compressing it from without may cause retention and

the outlet of the pelvis is obstructed.

ALTON OCHSNER, M.D.

nephritis (2) primary thrombosis of the renal vein

Hinman F. and Hepler A. B. Experimental

advanced fibrous changes

HARRY A. FOWLER, M.D.

Nichols B. H. Kidney Stone as a Diagnostic Problem. *J. Am. M. Ass.* 1925, LXXIV, 1871.

This article is based upon a study of 164 definitely

1925, 21, 917

Partial constriction of the renal vein causes capillary stasis and an increase in the glomerular pressure. Despite the rise in the pressure in the glomerulus, the amount of urine filtered through is diminished in indirect ratio to the degree of the obstruction.

44 per cent frequency in 30 per cent nausea or vomiting in 26.8 per cent and fever in 14 per cent. Hydronephrosis was present in 25 per cent of the cases.

The majority of kidney stones are formed of uric acid. Uric acid stones are reddish brown and usually small, rather hard and faceted. When they have been present in the kidney for some time they have generally incorporated phosphate or calcium

1 Prolonged partial obstruction of the renal vein produces not only a decrease in the blood flow through the kidney and oliguria but also an increase in the intrarenal pressure and if the degree of obstruction is not too great an increase in the secretory pressure

2 When prolonged partial obstruction of the renal vein is combined with complete ureteral obstruction on the same side the usual course of development of hydronephrosis is accelerated up to the twenty first day but thereafter the rate is that ordinarily noted in the longer periods of simple hydronephrosis The venous stasis of the early periods is nullified in the later periods by the com

of these cases the primary complaint was acute cystitis Tubercle bacilli were found in the bladder urine in 77 per cent and in the ureteral specimen in 93 per cent Structure of the ureter with tuberculosis of one kidney was found in 45 per cent In 41 per cent the renal tuberculosis was bilateral

The value of pyelography is stressed In 27 per cent the pyelographic examination revealed deformity and erosion of the calvces (cortical necrosis) Repeated guinea pig inoculations should also be

occurs as the result of the venous occlusion due to failure of a collateral system

4 The action of the venous collateral system is therefore compensatory and its development or non development is not an essential factor in simple hydronephrosis However its failure may be of importance in the rare instances of late secondary atrophy in simple hydronephrosis as it is the prime factor in the secondary atrophy with venous constriction

5 The initial acceleration in the rate of development of hydronephrosis that occurs with venous constriction is primarily the result of increased secretory pressure and only secondarily the result of the nutritional disturbance

HARRY A FOWLER M D

Hellsten O T A Case of Hydronephrosis in a Horseshoe Kidney Heminephrectomy *Acta chirurg Scand* 1925 lix 415

The author reports a case in which heminephrectomy was done for hydronephrosis in the left half of a horseshoe kidney in a man 18 years of age

responsible is due principally to obstruction localized at the

in abdomen

Thomas G J The Diagnosis of Renal Tuberculosis *Minnesota Med* 1926 ix 22

This article is based upon a study of 100 cases of renal tuberculosis which were treated in the hospital of the University of Minnesota In over 95 per cent

usual routine urological study

MAURICE MELTZER M D

Blanc H Hæmaturia in Pyelonephritis (De l'hématurie dans les pyélonéphrites) *J d urol méd et chir* 1925 xx 125

Blanc classifies cases of pyelonephritis with hæmaturia into the following four groups

1 Acute pyelonephritis with slight terminal hæmaturia

2 Acute pyelonephritis with renal hæmaturia In these cases there is generally only one hæmorrhage This is of short duration and marks the

the hæmaturia is the chief sign and is copious and persistent

Twenty two cases illustrating these four groups are reviewed

The cause of these hæmaturic forms of pyelonephritis is sometimes the colon bacillus but this organism was found alone in only four of the cases reviewed Any bacterium capable of causing pye

affected

The diagnosis of the hæmaturic forms of pyelonephritis may present some difficulty The condition must be clearly differentiated from hæmaturic nephritis In this connection the author calls attention to the fact that the term hæmaturic nephritis describes only a condition which occurs in a number of different diseases such as renal tuberculosis renal neoplasms simple congestion of the

kidney with hypertension true chronic nephritis and certain blood diseases

In hæmaturic nephritis the hæmorrhage is very irregular and often very difficult to control. The blood contains no clots. The pain is not constant and the urine except during the crises is normal in appearance. The urine may contain traces of albumin but it never contains pus or bacteria. a fact

absence of specific lesions in non tuberculous hæmaturic pyelonephritis and by functional tests which will show defective function in tuberculosis and normal function in hæmaturic pyelonephritis. In tuberculosis the urine is generally pale while in pyelonephritis it is highly colored or of abnormal color. Animal inoculation may be done to confirm the diagnosis.

The prognosis of hæmaturic pyelonephritis is generally favorable. Operation is never necessary. In fact the introduction of a ureteral sound is an excellent method for both diagnosis and treatment as it often stops the hæmorrhage completely and a hæmorrhage that is so easily stopped at once suggests pyelonephritis. The infection of the renal pelvis should be further treated by lavage or instillations of silver nitrate. AUDREY G. MORGAN M.D.

Carson W. J. Experimental Nephrotomies. *Surg Gynec & Obst.* 1926 xlii 53.

In experiments performed by Carson on dogs the kidney was incised from pole to pole down to the

Moore and Corbett found that sutures in the kidney substances are more destructive than incision. The experiments reported in this article show that in dogs nephrotomy with interrupted Cushing sutures is a safe procedure. ALTON OCHSNER M.D.

Eisenstaedt J. S. Primary Congenital Dilatation of the Ureters. *J. Urol.* 1926 xv 21.

Primary congenital dilatation of the ureters is characterized by (1) huge gaping ureteral orifices that do not open and close (2) a wide communica-

grams showed enlargement of the bladder and complete filling of the urinary tract without elevation of the hips. The younger child died. Autopsy showed no obstructive process.

In explanation of congenital dilatation of the

mechanism or absence of the natural inhibitory influence on their growth during the fifth month. In some cases in which no cause can be found there

conditions which are possibly related to maturatory processes. BENJAMIN F. ROTTER M.D.

on the Right

The case reported in this article was that of a woman 27 years old who was admitted to the hospital with right lumbar

ureter

Nephrectomy confirmed the diagnosis. The right kidney had two pelvises which were joined at the level of the iliac vessels. The anterior pelvis was

small and contained three stones. Its artery also was small. The part of the kidney which corresponded to this pelvis was the median part of the anterior

bation ranges from twenty four hours to as many

(general malaise and nervous apprehension) is generally mild. The finding of gonococci within the pus cells confirms the diagnosis.

Within two weeks the entire anterior urethra becomes involved and then the posterior urethra

ureter is suggested by these findings, the injection of an opaque solution will reveal such a ureter. It may be possible to remove only the diseased portion of the kidney leaving the normal segment. Meriel, however, has reported a case in which both parts of the kidney were diseased.

AUDREY G. MORGAN, M.D.

### BLADDER URETHRA AND PENIS

Heinburg E. A Simple Method of Fixing a Retention Catheter (Eine einfache Befestigungsart des Verweilkatheters). *Verhandl. d. deutsch. Ges. f. Urol.* 1925 p. 291.

With the aid of four illustrations, the author describes a simple and permanent method of fixing a retention catheter. A strip of tape is wound closely about the catheter just above the orifice so that the loose ends are of even length. The ends are tied with

per cent of the cases there is involvement of the posterior urethra and this may go on to prostatic infection or abscess.

Relapses after apparent subsidence of the infection may occur repeatedly and are usually traceable to some indiscretion such as alcoholic or sexual

to the reactivation of dormant gonococci.

Acute non gonorrhoeal urethritis may be due to one of many causes stirring up old foci of damaged

may be fastened also about the location of the adhesive tape.

(LASS (Z))

Sinclair D. A. Acute Urethritis in the Male. *Internat. J. Med. & Surg.* 1925 xxxviii 479.

Bierhoff F. Chronic Anterior Gonorrhoeal Urethritis. *Internat. J. Med. & Surg.* 1925 xxxviii 484.

SINCLAIR divides acute urethritis etiologically into two distinct types: specific urethritis due to the diplococcus of Neisser and the non-specific type.

unclean instrumentation, trauma and injections of irritating drugs such as bichloride of mercury.



Rest in bed is ideal treatment As there is no

urine tenesmus and hamaturia a mixture of codeine phosphate 0.5 gr potassium citrate 10

gr each of extract of benzoin extract of hyoscyamus and extract of opium will increase the patient's comfort Rectal irrigations of hot saline solution and hot sitz baths with rest in bed are of great value All urethral instrumentation should be

lengthened

If gonococci re appear after a time the individual foci must be destroyed through the endoscope either with the knife or by electrolysis preferably the latter under local anaesthesia Re infections of glands are electrolytic

depression  
lected and  
but mental  
LOUIS NEWELL M.D.

# GENITAL ORGANS

Rose  
points in the

XIII 1384

tices are beneficial and are better than an ice bag Gonococcus vaccines may be tried Resumption of local treatment to the urethra or prostate should be undertaken with caution In severe cases pus may be evacuated

BIERNOFF calls attention to the fact that in spite of the best treatment gonococci will sometimes re appear after a period of apparent cure These are the cases of so-called chronic gonorrhoea Before a diagnosis of chronic gonorrhoea is made involve

neously the night before the operation and ampoules of fibrinogen one hour before the operation

When the bladder contains more than 200 ccm of residual urine he empties it fractionally and inserts an indwelling catheter Fluid are increased only moderately

performed under second subjects local edures recog renal hemorrh theter

In the first stage of the operation the author explores for stones in the bladder or in diverticula and for papillomata etc. He then introduces a  $\frac{1}{2}$  in rubber drainage tube into the posterior wall of the bladder and secures it tightly by a pursestring suture. The rectus fascia is sutured with interrupted No. 3 catgut to prevent hernia. The fascia and skin are sewed around the tube loosely to insure the free drainage of serum.

In the second stage the entire surface of the

method of suturing. If a pack is used it is removed fractionally every three hours during a period of

Irrigations of the bladder are begun on the second or third day after the operation. Boric acid is used alone in the morning and in the evening is supplemented by an instillation of 5 per cent argyrol. The drainage tube and bottle are irrigated with mercuric chloride solution by the nurse twice daily.

LOUIS GROSS M.D.

# MISCELLANEOUS

Leonard V. and Frobisher M. The Clinical Application of Hexylresorcinol in Urology with Observations on the Significance of Surface Tension in Urinary Antiseptics. *J. Urol.* 1926 xv 1.

The authors call attention to the fact that hypotonic solutions have a low surface tension and will therefore penetrate a membrane separating them from hypertonic solutions. The membrane of a

the surface tension of the urine to about 50 dynes per centimeter is 0.6 gm. three times a day. When this

ninety days

J. SYDNEY RITTER M.D.

Rest in bed is ideal treatment As there is no

lengthened

lengthened

patient's comfort Rectal irrigations of hot saline solution and hot sitz baths with rest in bed are of great value All urethral instrumentation should be

encouragement must be given to combat depression  
Louis Neuwelt MD

# GENITAL ORGANS

Res Points in the

xxiii 1584

be evacuated

tion When the bladder contains more than 200 ccm of residual urine he empties it fractionally and inserts an indwelling catheter Fluids are increased only moderately

The first stage of the operation is performed under nitrous oxide oxygen anesthesia and the second stage under pinal anesthesia Rosenkranz objects to local anesthesia because the injection of the local anesthetic tears the tissues and thereby reduces their resistance to infection

The indications for a two stage operation recognized by Rosenkranz are (1) a bladder or renal calculus (2) acute vesical retention (3) stubborn cystitis (4) intolerance to the indwelling catheter and (5) a prostatic tumor of enormous size

tibia of Paget's disease is the result of rebuilding and elongation of the bone a true bowing

5 In the juvenile endosteal hyperostotic porotic

osteitis fibrosa instead of lues In the doubtful cases additional clinical methods should be employed in the diagnosis

The article is illustrated by roentgenograms and photographs of pathological specimens

JOHN W FOWERS M D

Bergmann E Osteitis Fibrosa and Its End Results (Osteitis fibrosa und ihre Ausgaenge) *Arch f klin Chir* 1915 cxxxvi 308

Bergmann reviews the pathological anatomy of osteitis fibrosa and its relationship to rachitis and osteomalacia He states that in recent times there has been a tendency to consider osteitis fibrosa neither a true tumor nor an inflammatory neoplasm but a degenerative reparative process As the result of Labarsch's work the sarcomatous character of the brown tumors of osteitis fibrosa is denied these

authorities) plinglandular insufficiency of the endocrine glands (Latsch denied by Kaufmann) nutritional d t h n d

related forms of osteitis fibrosa occur chiefly in young persons whereas the generalized forms occur exclusively in adults The Paget form which is characterized by marked thickening of the cortex the marrow cavity being only just indicated

or entirely gone and by absence of bone structure and of periosteal involvement occurs most frequently in males whereas the von Recklinghausen form which is characterized by tumor like swelling of the bone with a honeycomb structure containing cysts marked thinning of the cortex parchment like crepitation and very slight involvement of the

the bone involved was the mandible but in the other cases it was a long bone Almost without

done was there any recurrence or extension of the process In the cases not operated upon the condition was only arrested at best there were no cures

JASTRAM (Z)

Meyerding H W Bone Tumors *Minnesota Med* 1925 viii 628

Although most bone tumors are correctly diag

tumors

The author designates exostoses chondroma osteitis fibrosa cystica and giant cell tumor as benign tumors and sarcoma endothelioma and multiple myelomata as malignant tumors

Exostosis arises from a wide or pedunculated base as the result of trauma or inflammation near the ends of the long bones and occurs in youth Unless function is disturbed operation may be deferred

growth of the tumors is slow

Osteitis fibrosa cystica usually occurs in youth The cysts grow slowly and cause enlargement and softening of bone in the femur humerus tibia and

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS ETC

Wereschinski A. The Fate of Bone Transplants  
(Beitrag zur Frage ueber das Schicksal der Knochen  
transplantate) Arch f Klin Chir 1925 cxxxvi 545

Various experiments on rabbits have demon-  
strated that the periosteum is an especially impor-

tion and that the groups of lymph nodes, which  
the particles were found are the original lymph  
nodes of the long bones of the lower and upper  
extremities respectively

before was found to be a permanent anatomical  
structure in the femur of the dog. It pierces the bone  
obliquely appearing on the surface on the anterior

negative

In the soft tissues the new formation of bone is  
slight and is exceeded by the resorption processes.  
In the marrow cavity a transplant may heal in  
become replaced by newly formed bone and give  
a satisfactory functional result but ultimately it  
disappears for the re formation of the lumen of the

tours of the host bone

VALENTIN (L)

Kol

fibrosa and the Hyper

690

Kolodny reports experiments on dogs in which the

examined

Carbon and carbon particles were grossly recog-  
nized in certain groups of lymph nodes as early as  
from twelve to fourteen days after the operation.  
They were found microscopically after from five to  
seven days. From these results Kolodny concludes  
that the bone marrow has a definite lymph circula-

inserted broadly into the periosteum. In the author's cases it occurred in the thigh in five, in the upper arm muscles in eight, and in a laparotomy scar in one.

Seven of the author's seventeen patients were under 25 years of age.

The treatment the author believes should be conservative unless the mass interferes with function. In the early stage trauma must be reduced to the minimum and the part placed at rest. When the mass becomes stationary or begins to decrease vigorous physiotherapeutic measures may be employed. When necessary a simple excision of the mass may be done.

acute. Frequently there is a circumscribed focus, a so-called bone abscess. As a rule such foci are situated in the metaphysis but occasionally are found in the epiphysis in the region of a joint.

As the foci frequently remain latent for a long

in pure culture from bone abscesses after as long as thirty years. Typhoid bacilli have also been found occasionally in such abscesses. The author reports

during injuries portions of the periosteum are forced into the muscle substance and there begin to form bone. However, most investigations seem to indicate that bone formation occurs only when both periosteum and bone are detached. Therefore the periosteal theory in its present form is not sufficient to explain the development of parosteal bone after a single injury.

dogs transplanting free and pedunculated periosteal grafts between crushed muscles with and without the administration of calcium salts (by mouth

earlier theory. They seemed to suggest that none of the factors assumed to play a rôle in the formation of parosteal bone—hematoma, synovia, calcium salts, and nerve disturbances in the presence of

in the same person the assumption of a special tendency congenital or acquired toward the development of a metaplasia and excessive callus formation is unavoidable.

ROBERT C. LONGERAN, M.D.

Oehlecker F. The Chronic Form of Osteomyelitis Especially of the Spine (Ueber die chronischen Form der Osteomyelitis insbesondere der Wirbelsäule). *Beitr. z. klin. Chir.* 1922, cxxxiv, 1.

Unless the blood is examined in cases of acute osteomyelitis the condition may be confused with typhoid meningitis and other infections. On the other hand there are doubtless numerous chronic cases in which the condition persists for decades. The beginning of the condition is occasionally sub-

secure. The differentiation of these forms is rendered difficult especially by poorly taken histories. More over it is often difficult to decide which is the pri-

the staphylococcus aureus. It is very probable that staphylococci often enter the circulation but they are usually destroyed by the bactericidal power of the blood. A bone abscess results only when staphylococci enter the circulation in large numbers from a furuncle or some other primary inflammatory focus.

The author reviews sixteen cases of chronic oste-

small diaphyseal abscesses. In one case a latent osteomyelitis led to spontaneous fracture. In another chronic osteomyelitis of the lower jaw was the cause of locking of the jaws of three years duration.

O. Langer

chiefly the arches, spines, and transverse processes. In involvement of the thoracic vertebrae paravertebral abscesses may break into the pleural space.

The total mortality of osteomyelitis of the vertebrae is 40 per cent. It rises higher than 60 per cent when the spinal cord and its meninges are involved. Epidural abscesses are not rare. The diagnosis of

deformans or tuberculosis

5 Myositis ossificans neurotica The ossification

In cases of osteogenic sarcoma amputation may remove the local condition but metastasis must be prevented if a cure is to be expected. The most

bone marrow. They are more common in males than in females and occur between the ages of 40 and 60 years. Roentgenograms may show one or more rarefied circular or ovoid osteoclastic areas in the soft bone. Later the periosteal structures are affected. Albuminuria may be suggestive of the condition. Remission of symptoms may occur. The prognosis is poor, the patient surviving only for a period ranging from a few months to five years.

**Gruca A. Myositis Ossificans Circumscripta**  
*Ann Surg* 1925 lxxii 883

Gruca reports seventeen cases of myositis ossificans circumscripta and divides the condition into the following types:

(c) The development of bone along the track of per

belongs the rider's bone, the soldier's bone, and the following steady irritation in horseback riding and the soldier's bone at the shoulder due to rubbing by the rifle etc. (b) Bone formation occurring as the result of overstraining of a group of muscles. (c) Spontaneous myositis circumscripta. This is very rare.

3 Myositis ossificans of infectious origin. This may occur after abscess formation.

may cease or remain unchanged. In the X-ray picture the shadow is then more homogeneous, intense, sharply limited, and at times smaller than before.

With regard to the pathology the author states that the parosteal bone may be different in form and size. At times irregular masses have been found occupying a part or even a whole muscle and surrounded by a strong connective tissue capsule.

found

The differential diagnosis between myositis ossificans and sarcoma is at times difficult. Steady

of sarcoma. In sarcoma also the X-ray shows early medullary changes and destruction of the cortex and the bony mass trabeculae run obliquely or transversely to the shaft and are connected with it.

adjacent nerve

Some regions appear disposed to the development of parosteal bone, especially those in which the skeletal bone is covered with a thick layer of muscle.

Dudley H S Sarcoma of the Tibia and Fibula  
Ann Surg 1925 lxxxix 980  
Dudley presented before the New York Surgical

therefore consisted in extensive curettage followed

4 y 2 cm the posterior border of the swelling was  
in contact with the external malleolus The skin

with mixed toxins was tried after thorough cu

66 l O b - - - - -

resort was had to one massive dose of radium and  
the continuous use of mixed toxins The patient is  
well at the present time and has complete function  
The diagnosis made by Ewing and Bloodgood was  
spindle cell and giant cell sarcoma of the benign

the bone cavities were curetted and treated with  
pure carbolic acid and alcohol and the wound was  
closed A culture was sterile Primary union

M - - - - -

bones

I - -

5 - - - - -

ROBERT C LONERGAN M D

## SURGERY OF THE BONES, JOINTS MUSCLES TENDONS ETC

patient chose to have such an operation however  
and it was done through the middle third of the  
lower leg

The unusual features of the case were the patient's  
age the location of the sarcoma and the apparent  
simultaneous involvement of the two bones

On the basis of the results obtained in several  
cases in which he had recommended amputation but

Sever J W Obstetrical Paralysis 1100 Cases  
J Am M Ass 1925 lxxxv 1862  
Boorstein S W Birth Injuries Requiring Ortho-  
pedic Treatments J Am M Ass 1925 lxxxv  
1865

SEVER'S article is based upon 1100 cases of  
obstetrical paralysis the largest series of such cases  
ever recorded The right arm was affected in 670  
and the left arm in 430 Both arms were involved

October 1914 for a swelling of the femur of from four  
to five months duration The lower end of the

the presentation in the  
most cases is not known Most of the mothers were  
primiparæ



these cultures great care must be taken to prevent contamination with staphylococci. Roentgen examinations come under consideration practically

greater

In judging the position of the head of the femur after reduction in congenital dislocation of the hip the old view that the  $\lambda$  furrow should divide the head into two parts cannot be accepted. In the majority of cases the bulk of the femoral head is below this line.

**Bérard and Moudan.** Resection of the Knee Performed by Ollier in 1887 (*Réséction du genou opérée par Ollier en 1887*). *Lyon chir.* 1915: xxi, 563.

entirely normal

and serious bone and synovial lesions. Since operation most of the patients have found it unnecessary to see a physician again and now show no signs of tuberculosis in any part of the body. All are able to walk.

culosis

The diagnosis must be confirmed by every possible bacteriological and microscopic examination.

**Harrenstein, R. J.** Roentgen Orientation with Regard to the Hip of the Child (Beitrag zur roentgenologischen Orientierung bezueglich des Huftgelenkes beim Kinde). *Acta rad.* 1925: iv, 357.

Harrenstein reports a roentgenological investigation of the  $\lambda$  furrow in the pelvis.

adductor

In all of these cases the knee is flexed about 100 degrees and in some cases there is a certain degree of genu varum. The movement of the hip is normal.

Roentgenograms of the knee show a shaft of bone passing from the femur to the tibia. In the profile view a certain gliding of the bones on each other can be seen. The femur is generally in front. Roentgenograms of the pelvis show enlargement and deformity of the acetabulum on the side operated upon and a certain settling of the ilium. In several cases there are enormous varices on the side of the resection.

AUDREY G. MORGAN, M.D.

$\lambda$  furrow

will prove of value in clinical cases of rupture of the crucial ligaments

A U shaped incision extending from above the femoral condyles to below the tibial tubercle was made through the skin and fascia and the flap reflected upward. The tendons of the semitendinosus and gracilis were dissected free and divided close to their insertions. The medial condyle the medial tuberosity of the tibia and a corresponding point on the outside of the tibia were cleared of soft tissues.

Free exposure of the joint was then made through a U shaped incision and the patellar tendon was thrown up with the osteoplastic flap. Cutting of the lateral ligaments was avoided. With a drill from  $\frac{1}{4}$  to  $\frac{3}{8}$  in in diameter canals were made in the tibia from the lateral points prepared upward.

The tendons of the gracilis and semitendinosus were drawn through the canal brought out in the intercondylar space in the joint and twisted the semitendinosus being drawn through the lateral tuberosity of the tibia and the gracilis through the

that point. The upper end of the femur was placed

by a non slip. When this was removed at the end of twelve weeks active and passive

RUDOLPH S REICH M D

Edwards A H. The Operative Repair of the Cruciate Ligaments in Severe Trauma of the Knee. *Brit J Surg* 1926 xiii 432

Edwards has performed the operation described in this article only on the cadaver but believes it

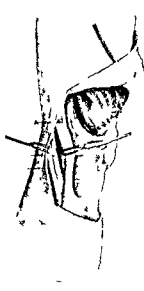


Fig 1

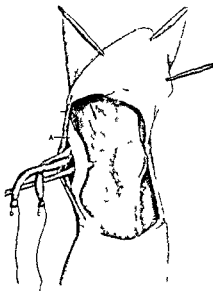


Fig 2



Fig 3

Fig 1 Drawing showing the skin and subcutaneous tissues reflected to expose tendons. A the sartorius B the vastus internus C the gracilis and D the semitendinosus

Fig 2 Showing tendons divided. A sartorius B vastus internus C gracilis D semitendinosus

Fig 3 Exposure of knee joint by raising patellar tendon with an osteoplastic flap. C gracilis D semitendinosus

in the mild cases to complete tearing of the nerve fibers in severe cases. Definite lesions were always found in the cases which were operated upon. In the late cases the roentgen ray showed the humeral head to be smaller and the glenoid to be shallower than normal.

Splints were seldom used because they caused swelling of the hand and seemed to prolong the convalescence. Operations to relieve muscle contractures were done freely but not before the fourth year of age. Operation on the plexus was done in certain cases chiefly those of the upper arm type. In

by means of the Thomas splint. Separation of the upper humeral epiphysis requires an abduction splint. For fractures of the clavicle all that is necessary is a flannel figure of eight bandage.

Torticollis is thought by some to be due to birth injury. Early cases can be corrected by means of a felt collar and massage.

In the discussion of these papers RICH mentioned congenital fracture of the tibia due to cyst and stressed the traumatic element in torticollis. FITZ SIMMONS said that in his opinion the majority of cases of torticollis are not due to birth injury. BARKAN called attention to the fact that hematoma of the sternocleidomastoid is common but is not followed by torticollis.

WILLIAM A. CLARK, M.D.

Rechtman, A. M. The Reconstruction Operation on the Hip. *Arch Surg* 1925 xi 842

exposing the joint capsule at the bottom of the wound. The subscapularis tendon is cut on a director with avoidance of the capsule. As a rule abduc-

level on the shaft

This operation is advised whenever stabilization of the hip is necessary as in old non union of frac-

brachial paralysis fractures and torticollis due to birth trauma.

The early symptoms of intracranial injury are restlessness, poor nursing, squinting, nystagmus.

Sneed, W. I. and Patterson, R. H. Report of Two Hip Operations. *South M J* 1925 xviii 803

Brachial nerve injuries once regarded as hope-

can usually be expected in six or seven months. If there is no improvement in four months operation should be done. The whole arm type of paralysis has a less favorable prognosis but is not such a hopeless condition as some textbooks picture it.

Fractures occurring at delivery should be fixed immediately. The bones most commonly fractured are the femur and humerus. These are best treated

begun after six weeks

not, by tending  
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JERS  
CA

The second case was that of a man 28 years old who had tuberculosis of the right hip with suppuration when he was 4 years old. There was complete destruction of the head and neck with upward dis-

will prove of value in clinical cases of rupture of the cruciate ligaments.

A U shaped incision extending from above the femoral condyles to below the tibial tubercle was made through the skin and fascia and the flap reflected upward. The tendons of the semitendi-

per rim of the acetabulum and a new acetabulum was reamed out from the thickened part of the ilium at

at the end of twelve weeks active and passive

RUDOLPH S REICH M D

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Edwards has performed the operation described in this article only on the cadaver but believes it

tissues

Free exposure of the joint was then made through a U shaped incision and the patellar tendon was thrown up with the osteoplastic flap. Cutting of the lateral ligaments was avoided. With a drill from  $\frac{1}{4}$  to  $\frac{3}{8}$  in in diameter canals were made in the tibia from the lateral points prepared upward diagonally to a common opening at the tibial spines. The medial condyle was similarly canalized from the cleared point above the adductor tubercle to the intercondylar space in the joint.

The tendons of the gracilis and semitendinosus were drawn through the canal brought out in the intercondylar space in the joint and twisted the semitendinosus being drawn through the lateral tuberosity of the tibia and the gracilis through the other artificial canal. Next with the knee extended these tendons were drawn tight and fixed to the deep fascia of their respective areas. The osteoplastic flap was then nailed down in place the joint cap

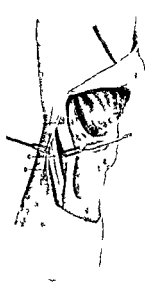


Fig 1

Fig 1 Drawing showing the skin and subcutaneous tissues reflected to expose tendons. A the sartorius B the vastus internus C the gracilis and D the semitendinosus

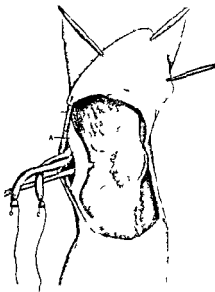


Fig 2

Fig 2 Showing tendons divided. A sartorius B vastus internus C gracilis D semitendinosus



Fig 3

Fig 3 Exposure of knee joint by raising patellar tendon with an osteoplastic flap. C gracilis D semitendinosus

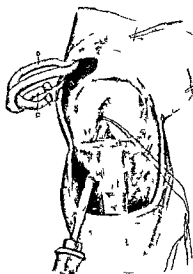


Fig 4

Fig 4 Showing the holes drilled in the bones through which the tendons are passed C gracilis D semitendinosus



Fig 5

Fig 5 The twisted tendons are drawn through the canal in the femur C the gracilis D the semitendinosus



Fig 6

Fig 6 Showing the semitendinosus (D) being drawn through the lateral tuberosity of the tibia The gracilis (C) is already in position

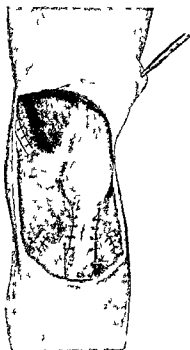


Fig 7 Showing the osteoplastic flap replaced and fixed and the tendons sutured

Dupuy de Frenelle Reconstruction of the Ligaments of the Knee End Result (*Reflexion des ligaments articulaires de l'articulation du genou resultat eloigné*) *Paris chir* 1925 XVII 241

The  
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l by a

- sterior to form a permanent bone process limiting plantar  
 ternal flexion by impingement on the posterior surface of  
 of ten the tibia  
 femur inci  
 above and the external plateau of the tibia below  
 and encircle the corresponding femoral condyle on  
 each side the

along the anterior border of the fascia lata and on  
 the inner side a little in front of the internal lateral  
 ligament

On the anterior edge of the fascia lata a strip 3  
 cm wide by 10 cm long is cut with care to preserve

as the knee in extension the strip of fascia lata  
 is drawn tense by the surgeon's assistant and is

## FRACTURES AND DISLOCATIONS

Gen E and Bone

The procedure described in this article was orig-  
 inated by DePage during the war. DePage used it  
 in cases of open fractures in which apposition could

urged to walk

KELLOGG SPEED M D

Campbell W C End Results of Operation for the  
 Correction of Drop Foot *J Am M Ass* 1925  
 LXXXV 1927

Drop-foot inability to dorsiflex the foot is due to  
 loss of power in the anterior muscle group of the  
 leg. It may be simple or associated with varus  
 valgus or flail foot. The etiological factors are  
 destructive changes in the muscles and tendons  
 toxic neuritis such as occurs in lead poisoning  
 trauma to the external popliteal nerve spastic  
 paralysis

In fractures with a deviation of the fragments  
 which gravely compromises the function of the limb  
 and cannot be corrected by external means two

alternate methods of treatment are available  
 to  
 or  
 fro  
 rec  
 represented by the use of Malgaigne's hooks in  
 fracture of the patella

pension traction or Carrel Dakin treatment can be

The point of exit of the wire depends upon the type of the displacement. As a rule it is opposite the angle of the deviation. When the wire comes out on the anterior surface of the limb the situation is ideal as the bone or limb can be swung as in a hammock. All important vessels tendons and nerves must be guarded against pressure or cutting by the wire. When the involved bone is small and the two leads of wire running from it occupy too much space the wires may be twisted together at the bone surface and brought out as one wire.

The wire leads may be attached to a hollow

upon the time required for the union of the bones. The solidity of the callus may be determined by observing the fracture through the fluoroscope when the tension on the wire is loosened. One lead of the wire is cut and the wire is pulled out by the other end.

# SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## BLOOD TRANSFUSION

Pohl F A S A - - - - -

ogy 19 6 vi 55

Pohl has previously shown that the velocity of the sedimentation of the red blood corpuscles is a definite indication of the changes of the colloidal composition of the blood and that exposure to the X ray produces certain changes in the suspension stability of the blood which are manifested by a marked variation in the sedimentation test

After further experiments he concludes that irradiation of human blood in capillaries with unfiltered roentgen rays influences its suspension stability For definite retardation of the sedimentation velocity a certain minimal dose is required The sedimentation test is a reversible reaction and

JOHN W NUZUM M D

Gordon Watson Sir C Venesection and Blood Transfusion in Carbon Monoxide Poisoning  
*Brit M J* 1925 ii 1049

Th the - -

present in any instance MERLE R HOON M D

## LYMPH VESSELS AND GLANDS

Quick D and Cutler M The Radiation Reaction of Metastatic Squamous Cell Carcinoma in Cervical Lymph Nodes *Am J Roentgenol* 1925 xiv 529

The authors t d d f - - -

The presence of infection stimulates tumor growth and decreases radiosusceptibility

In the adult type of cancer small doses exert only slight effects while intense irradiation with repeated high voltage roentgen rays and radium may cause marked destruction demonstrated by thickening of the gland capsule and central anæmic necrosis proportionate to the intensity of the irradiation

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most effective The action of the former is greatest upon the cell while that of the latter is exerted chiefly on the connective tissue

J C CARVER M D

Braithwaite L R Tuberculosis of Glands in the Ileocaecal Angle A Cause of Pain in the Right Iliac Fossa *Brit J Surg* 1926 xiii 439

Of e - -

common in children and the chronic in adults In children the acute condition occurs between the and and = b

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the temperature to between 100 and 103 degrees F Respirations are increased in number and more



shallow. Operation should be undertaken for acute appendicitis with the reservation that the condition may be acute adenitis. Sometimes both conditions may be found.

The subacute type of tuberculosis of the mesenteric glands usually occurs in children between 6 and 10 years of age. Its symptoms are similar to those of the acute type but less severe.

Between the ages of 10 and 15 years the disease is less common.

The chronic form of the condition occurs usually between the ages of 15 and 45 years. It is characterized by a chronic aching pain in the right iliac fossa and may usually be diagnosed by X-ray examination.

The macroscopic pathological changes are of five varieties: infection, spotted caseation, spotted calcification, massive caseation, and massive calcification.

# SURGICAL TECHNIQUE

## OPERATIVE SURGERY AND TECHNIQUE POSTOPERATIVE TREATMENT

Lahey F H Rope Grafts *Boston M & S J* 1926  
cxiv 1

To form a rope or tube graft a strip of skin is outlined by parallel incisions and elevated from its bed so that it forms a flat strip or ribbon attached only at its upper and lower ends. Its two cut edges are then brought together and sutured with the raw side inward to form a tube except for a short distance at the bottom and top where tubing would cause constriction and interfere with the blood supply of the graft.

The two cut edges of the bed from which the graft

To test the vascularity of the graft before transferring it a ligature is tied around the end to be

then placed over the wound beneath the tube to

end when it is desired to cut the transplanted graft away from the pedicle.

When the tube is to be sutured back in its bed after it is cut away from the transplanted flap it is

may then be transferred to any point desired. A good blood supply is obtained through the long tubed pedicle.

When the transferred end of the tube has united well with the area into which it has been grafted (after from ten to fourteen days) the tube is cut away at the point where a sufficient amount of skin has been transferred and the remaining tubed pedicle is split, re-opened and sutured back into its bed or cut off at its base and sacrificed.

If it is impossible to obtain the amount of skin desired by transferring one end of the tube to the point into which the graft is to be inserted, one end may be transferred and inserted half the distance to the point desired and at the end of two weeks the base of the pedicle may be severed and transferred to the desired point, the original point of transfer

into a ribbon. The edges of the wound in which it is to be sutured are also sharply undercut to permit

late -- The eff --

923

Paterno performed a series of experiments on rabbits and guinea pigs placing autoplasic grafts in the ear of the former and in the backs of the latter.

Flaps which were not rotated at all took completely in every instance and at the end of six months were still of the same size and retained all of their

come by cutting away a greater amount of the sub

original characteristics The circulation was re-established in two days

Flaps which were rotated 180 degrees took completely and perfectly in 80 per cent of the cases and partially in 20 per cent Re establishment of the circulation was delayed until the fourth day and at first was imperfect These flaps also were of their

degrees for three hours After sterility has been

centimeter

characteristics after six months

AUDREY G MORGAN M D

Davis J S and Traut H F The Production of Epithelial Lined Tubes and Sacs An Experimental Study *J Am M Ass* 1926 LXXXVI 339

In experiments on dogs the authors found that by burying whole thickness skin grafts under

When the author first used vaccine treatment the dose was increased from one two thousandths to

diameter since after forty days the pressure of the secreted cyst fluid inhibited further extension Shrinkage was comparatively slight

The authors believe that the problem of the formation of epithelium lined tubes and permanent cavities may be solved in this manner

WILLIAM E. SHACKLETON M D

#### ANTISEPTIC SURGERY TREATMENT OF WOUNDS AND INFECTIONS

Breitkopf E Experiences with Autogenous Vaccine in Surgery (Erfahrungen mit der Autovaccinotherapie in der Chirurgie) *Beitr Klin Chir* 1923 LXXXIV 145

On the basis of his experience with autogenous

guarding against anaphylaxis by making intracutaneous tests

Wheals are made in the skin with 1/50 ccm. of

rapidly

non bacillus

1 ccm of physiological sodium chloride solution in the ratio in which the bacteria were found in the

reported

Duo

The author's experience in 330 cases of acute bacterial infections treated with perchloride of mercury

The nervous system of the child is much less stable than that of the adult and therefore very readily injured by unpleasant experiences. Fright and

of a 1:150 solution. If necessary this may be repeated after from twelve to twenty four hours. The maximum amount is four doses in three days. If the condition does not respond within three days it is useless to continue the treatment. Mercuriochrome 220 has been found less toxic than perchloride of mercury and may be given daily over a longer period of time. WILLIAM E SHACKLETON M D

At the Hospital for Sick Children in London

### ANÆSTHESIA

Sington H Birt J Higgins T T Pitts A T  
and Others. *Anæsthetics in Children*. *Proc*  
*Roy Soc Med* Lond 1926 xix Sect Anæst 1

ever.

In a general discussion of anæsthetics for children the following points were brought out

# PHYSICOCHEMICAL METHODS IN SURGERY

## ROENTGENOLOGY

Hunt F L Barium sulphate as a Protective Material Against Roentgen Radiation *Am J Roentgenol* 1925 xiv 524

Barium sulphate combined with some binding

tion in every respect except that it is effected more rapidly

Sterilization may be accomplished with roentgen rays when the question of preserving internal secret

irregular shape

In the authors studies layers of this material

increasing leucopœmia and later by a more or less complete return to the normal level The roentgen

current through the tube varied from 4 ma at 200 kv to 35 ma at 50 kv and the exposures were from one to thirty minutes The lead equivalent of the various thicknesses of the plaster was determined with a polarization photometer

The experiment showed that because of the radio transparency of the cement the plaster does not

than 70 mm (2 3/4 in thick) when 200-kv equipment is used

These values represent the minimum When practicable thicker layers should be employed

CHARLES H. HEACOCK M D

Desjardins A U The Therapeutic Value of the Roentgen Rays *Minnesota Med* 1920 ix 82

The effect of the roentgen rays on the different tissues of the body varies within fairly wide limits

dermatitis, mucinosis and actinomycosis and blastomycosis Lesions of the deep vis

In the treatment of benign and malignant neoplasms it is generally true that the more nearly

sensitive and the osteosarcoma the most resistant but that the highly cellular sarcoma is more active and metastasizes earlier than the less cellular sarcoma

the roentgen rays is due partly to the influence of the

situated in the lymph nodes entirely beneath the skin somewhat harder rays are used in order to increase the proportion that will pass through the skin unabsorbed to reach the diseased structures. In such cases a higher peak voltage is used than when skin diseases are treated. If the neoplasm is deep within the trunk or highly malignant the hardest roentgen rays available are utilized namely those produced at high voltage and with the use of a thick filter.

cinoma is much less sensitive than lymphosarcoma or testicular tumors. The most sensitive variety of carcinoma is carcinoma of the thyroid gland. Carcinoma of the cervix is best treated by applying radium locally and introducing it into the cervix and irradiating with the roentgen rays from the outside. In cases of malignant disease of the breast it is logical to give roentgen ray treatment before and

Finally it is pointed out that the ability to employ the roentgen rays effectively requires as much special knowledge as any other special branch of medicine.

# MISCELLANEOUS

## CLINICAL ENTITIES—GENERAL PHYSIOLOGICAL CONDITIONS

Broders A C The Grading of Carcinoma *Minnesota Med* 1925 vol 1, 26

The physician and layman not only want to know the type of carcinoma they are dealing with but

percent

Up to November 1924 complete data were

90.20 per cent of those of Grade 1 62.16 per cent of those of Grade 2 24.82 per cent of those of Grade 3 and 10.09 per cent of those of Grade 4

epithelioma

## GENERAL BACTERIAL MYCOTIC, AND PARASITIC INFECTIONS

Rhodes G B Cod Liver Oil Treated with Magnesium Hydroxide in the Treatment of Surgical Tuberculosis *J Lab & Clin Med* 1925 21 227

The excision of tuberculous abscesses is not

explaining its therapeutic value The rays are probably not of one type but made up of rays of various wave lengths Ultraviolet rays will not penetrate glass or fusible quartz When cod liver oil is placed in an ionizing chamber it shows a definite though slight ionizing power When it is enclosed in a sealed flask of fusible quartz no ionization is obtained Its ionizing power is not increased by exposure of the oil to a mercury quartz lamp

plasms on the basis of cell differentiation and during the following four years 2000 epitheliomata were

The injection of the alkalinized oil into normal

Jadassohn W and Streit G The Treatment of Tetanus with Glucose (Versuch einer Tetanusbehandlung mit Traubenzucker) *Klin Wchschr* 1925 II 1498

A favorable effect which was noted in two cases of tetanus following the intravenous injection of

They found that in rabbits with tetanus as in cases of insulin spasm and other spasmodic conditions the glycogen content of the central nervous system is decreased by more than half. The glycogen content of the brain and the general course of the condition were not influenced by intravenous

practical surgeon must recognize unerringly the pathological changes that are revealed after the incision is made. Even without great dexterity or a record of a large number of operations these qualifications and a working knowledge of anatomy will make a good surgeon. To some surgeons the technical side and to the others the scientific or philosophical side makes the stronger appeal.

In the training of surgeons more stress should be placed upon the importance of a broad general

(other dosage intralumbar injections etc.)

VON HOFFMAN (Z)

# HOSPITALS MEDICAL EDUCATION AND HISTORY

Graham E A What Is Surgery? *Soull M J* 1925 XLIII 864

The surgeon of today must be well versed in

effect upon himself

The young surgeon should participate in operations to learn not only technique but also pathology in the living body. It is important for him both to

unwise operating too many operations and commercialism with fee splitting. The true standard of

only an able thinker but also an inspiring leader. One of the chief aims in the training of surgeons is the development for tomorrow of surgeons who will be better than those of today.

Adequately equipped laboratories for experimental work on animals and in chemistry bacteriology and

as a slow and too surgery a philosoph inspiration

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HERC DURKEE MD



# BIBLIOGRAPHY of CURRENT LITERATURE

NOTE—THE BOLD FACE FIGURES IN BRACKETS AT THE RIGHT OF A REFERENCE INDICATE THE PAGE OF THIS ISSUE ON WHICH AN ABSTRACT OF THE ARTICLE REFERRED TO MAY BE FOUND

## SURGERY OF THE HEAD AND NECK

### Head

The late result of an autoplasty of the lower lip after extirpation for cancer P MOURE Bull et mém Soc. nat de chir 1925 li 926

### Eye

53. Surgery of the supra-orbital region L W JOHNSON  
J Am M Ass 1926 lxxxvi 14  
Osteomyelitis of the frontal bone as a complication of frontal sinusitis A E BULSON JR J Am M A S 1926 lxxxvi 246  
Craniofacial trauma in boxers and a protective device for the jaws S PALAZZI Ztschr f Stomatol 1925 xxiii 873

- 1926 35 ix 47  
The value of examination of the eye in diagnosis 512 R.  
LUISE Practitioner 1926 cxvi 23  
Congenital defects of abduction and other ocular movements and their relation to birth injuries H GUTSDORF (346)

- 1926 497  
J D  
s In  
1926  
Deformity of the maxilla caused by an angioma A T  
PITTS Internat J Orthodont. Oral Surg & Radiog-  
raphy 1926 xii 41  
Arthroplasty of the temporomaxillary joint F RISPOV  
1926 2011 (345)

- Ophth 1  
A case of penetrating injury of the eyeball R. L. REX  
Proc Roy Soc Med Lond 1926 xiv Sect Ophth 1  
Discussion of penetrating injuries of the eye J G  
CLEGG G H POOLEY C GOULDEN M H WATSON and  
others Proc Roy Soc Med Lond 1926 xiv Sect  
Ophth 2 (346)  
Roentgenograms in penetrating eye injuries. H A.  
WATSON J Lancet 1926 xli 32  
A fortunate escape from sympathetic ophthalmia.  
L L STEELE Brit M J 1926 i 157  
Ophthalmoplegia internuclearis report of a case E B  
DUMPHY Arch Ophth 1926 lv 54  
The clinical value of optic canal roentgenograms H A.  
GOALWIN Arch Ophth 1926 lv 1 (347)  
The roentgenography of the orbit and petrous pyramid  
and its clinical value H A GOALWIN J Ophth Optol &  
1926 2011

1926 497

453

A practical demonstration of modern pedagogic methods in the training of the deaf child M. A. GOLDSTEIN  
Laryngoscope 1926 xxxvi 31

JERVEY South M J 1926 xlx 53

LEHR CASES Am J Ophth 1926 38 ix 38  
Pupillary membranes with punctate cataract L LEHR  
FIELD Am J Ophth 1926 38 ix 23  
Change of tension on the lens capsules during accommo-  
dation and under the influence of various drugs B  
C. T. B.

A case of Krukenberg's spindles J. D. M. CARDELL  
Proc. R. S.

Optica 1926 iv 21 [348]  
Ten cases of acute retrobulbar neuritis F HECKFORD  
Brit. M. J. 1926 i 93

The reaction of the intra-ocular pressure to osmotic variation in the blood W S DUKE ELDER Brit J Ophth 1926 x:1 [348]

The responsibility of the general practitioner in the diagnosis of glaucoma J O McREYNOLDS Texas State J M 1926 20 522

J M 1926 xii 533  
Osmotic therapy in glaucoma W S DUKE ELDER  
Brit J Ophth., 1926 x 30

the treat

NEAME and  
[349]

ch Opth

[349]

iv 35 [349]  
The clinical value of borocaine in ophthalmology T  
H BUTLER and R U GILLAN Brit M J 1976 1 83

## Ear

The pathological conditions found in a case of deaf mutism A A GRAY and S H NELSON J Laryngol & Otol 1926 xli 7.

Experimental phonetic studies in patients with diseases of the extrapyramidal system R SCHILLING Klin Wchnschr 1925 IV 1842

Acute suppurative otitis media A W Howe North

<sup>14</sup> <sup>22</sup> <sup>34</sup>  
Notes on aural diathermy H P BELLows J Ophth  
Otol & Laryngol 1926 xxx 31

A description of a conservative complete exposure of the ear. A. BLUMENTHAL. Ztschr f Laryngol Rhinol 1925 III 436

Unusual mastoid cases D MACFARLAN Atlantic M J

A case showing the result of the conservative mastoid operation C J HEATH Proc Roy Soc Med Lond 1926 xix Sect Otol 5

The modified radical mastoid operation in the treatment of subacute mastoiditis T H ODENSEL Arch Otolaryn col 1926 43

The value of blood transfusions in postoperative mastoid conditions with special reference to suspected sinus thrombosis B H HAYS N York State J M 1936 xxvi 10

### Nose and Sinuses

The year's progress in diseases of the nose throat and ear—1925 H HAYS A PALMER and D AUSTIN Med Times 1926 liv 7

A consideration of advances in rhinoplasty W H  
Morse Am Med 1926 xxxii 44

The present day advance in plastic surgery with special reference to the correction of deformities of the nose and about the orbit P J DE RIVER California & West Med 1936 XLIV 64

New rhinoplastic instruments M MALTZ Laryngo  
scope 1916 xxxv 54

The problem of bringing forward the retracted upper lip and nose V P BLAIR Surg Gynec & Obst 1926 129 1349

Saddle nose deformity J D WHITHAM Am J Surg 1946 xl 11

Elongated and hump nose J D WHITHEAM Am. J  
Surg 1916 xl 11

A clinical and pathological contribution on the diseases of the upper air passages and the ear XIII Intoxication from the use of alypin and psicain F MANSKY Ztschr f Laryngol Rhinol 1925 xii 429

626

Accessory sinus disease due to the diphtheria bacillus  
C. SONNENSCHNEIN Deutsche med Wchnschr 1925 li  
1369

### Mouth

A case of plunging glandular insufficiency with complete  
destruction of the teeth R. D. ALISE Rassegna internaz  
di clin e terap 1925 vi 661

Cooperation of orthodontia and surgery in the treatment  
of alveolar and palate cleft. H. S. VAUGHAN Am J  
Surg 1926 xl 6

Tuberculosis of the tongue E. BASS Med Clin N Am  
1926 ix 1139

Black tongue C. R. WELLS and G. W. COOPER U S  
Naval M Bull 1926 xxiv 12

Tumors of the tongue G. L. DERMAN Zentralbl f  
allg Path u path Anat 1925 xxxvi 150 [351]

Mucous cyst of the tongue E. I. LLOYD Brit. J Surg  
1926 xii 568

— C. F. COLES. Brit J

C. A. Mc

### Pharynx

Melanoma of the hard palate N. PATTERSON J  
Laryn ol & Otol 1926 xl 32

Phlegmonous pharyngitis. H. C. TOMP South M J  
1926 xix 56

Bacteriological studies of the respiratory passages VI

Diphtheria following tonsillectomy local resistance and  
general immunity to diphtheria A. ZINGHER. Am. J Dis.  
Child 1926 xxi 72

### Neck

Bilateral branchial fistula. J. D. WHITEHEAD Am. J  
Surg 1926 xl 10

A deep mixed vascular tumor of the neck. G. BALICE  
Rassegna internaz di clin e terap 1925 vi 666

Lancet 1926 cxx 172

— P. HERZOG

xl 4

Goiter and rheumatism and iodine deficiency J. T. C.  
NASH. Internat J Med & Surg 1926 xxxix 11

Goiter in chronic intestinal stasis A. C. JORDAN In-  
ternat J Med & Surg 1926 xxxix 9

Observations based on 173 consecutive goiter cases  
— C. F. COLES. Brit J Surg 1926 xii 568

THOMPSON

social ref: 1  
J Med. &

Surg 1926 xxxix 12

Abnormally located goiters F. H. LARLEY Illinois M J  
1926 xlix 11

Goiter exophthalmic goiter and rheumatic disorders  
R. L. J. LIEWELLYN Internat J Med & Surg 1926  
xxxix 1

A discussion of goiter therapy J. L. DECOTREY In-  
ternat J Med & Surg 1926 xxxix 16

The biological basis for the modern treatment of goiter  
B. BREITNER Internat J Med & Surg 1926 xxxix 31

The radiotherapy of goiter F. H. SEIDNER and I. H.  
— A. 1926 xxxix 11

Sect. Laryngol 16

Nephritis following tonsillitis P. C. PEACE. Brit M J  
1926 i 17

CXIV 160

Pulsating goiter with recurrent dislocation of the eye  
balls H BURROWS Brit J Surg 1926 xiii 578

Hyperthyroidism A E BARCLAY Radiology 1926

vi 14  
Total extirpation of the thyroid gland P SUDECK

The basal metabolism of exophthalmic goiter its clinical  
value M R CASTEX and M SCHTEINGART Rev Soc

Br S - -

J

er

35

Edema of the larynx in a leper J M BARRENECHEA

Bol Soc de ciruj de Chile 1925 iii 285

Cancer of the larynx SIR ST C THOMPSON Arch

C

Ass 1926 lxxvi 105

## SURGERY OF THE NERVOUS SYSTEM

### Brain and Its Coverings Cranial Nerves

Cameron lectures I The third circulation and its  
channels. II The pituitary body as now known III  
Intracranial tumors and the surgeon H CUSHING  
Lancet

no

† val M Bull 1926 xxiv 61

925 vi 105

Craniotomy and its results in Jacksonian epilepsy and  
traumatic epilepsy CORACHAN Ars med 1926 i 146

Encephalography H FISCHER Fortschr a d Geb

d Roentgenstrahlen 1925 xxxiii 53

The sella turcica roentgenographic changes J D

CAMP J Am M Ass 1926 lxxvi 164

iv 595

Brain tumor reponse to radiation J S DERR Radi

---

i

On the so-called calcification in the basal ganglia of the  
brain. E W HURST J Path & Bacteriol 1926 xxix [354]

Cerebellar abscess operation and recovery H M  
GOODYEAR J Am M Ass 1926 lxxvi 268

Cerebellar abscess SIR W MILLIGAN J Laryngol &  
Otol 1926 xli 1 [355]

Abscess of the cerebrum of otitic origin trephination  
recovery J PETIT Bull et mém Soc nat de chir 1925

li 652

Early diagnosis and localization of brain tumors E R.

CARPENTER Radiology 1926 vi 67

Spontaneous meningeal hæmorrhage 1926 ii 901  
J B NEAL J Am M Ass 1926 lxxvi 6

The sphenopalatine and the gasserian syndrome F  
LÉVY Arch internat de laryngol 1925 xxxi 1025

A reply to the article by Lévy on the sphenopalatine  
and the gasserian syndrome G WORMS Arch internat  
de laryngol 1925 xxxi 1035

Trigeminal neuralgia and its treatment A W NEV  
J Med Soc N Jersey 1926 xiiii 22

Recovery of the facial nerve after seven years paralysis  
W IBBOTSON Proc Roy Soc Med Lond 1926 xix  
Sect Otol 4

- Tumor of the auditory nerve LEMAITRE and MADURO  
Arch. internat. de laryngol. 1925 xxxi 1080  
Section of the left vagus for the relief of asthma R A  
KERN Surg. Gynec. & Obst. 1926, xlii 28  
The recurrent laryngeal nerves in dogs experimental  
studies A BLALOCK and S J CROWZ Arch Surg 1926,  
xlii 95 [356]

### Spinal Cord and Its Coverings

- Epidemic bulbar poliomyelitis report of six cases with  
one necropsy J MCEACHERN J Am M Ass 1926  
lxxxvi 90  
Two cases of disease of the cervical spinal cord H

### Miscellaneous

xxiii 5

### Peripheral Nerves

- Peripheral nerve injuries associated with fractures of the  
long bones F D DICKSON South M J 1926 xix,  
37 [358]

- 1925 lvi 94  
Exeresis of the phrenic nerve A SCHUERCH Beitr z  
Klin u Tuberk 1925 lxi 552

### Sympathetic Nerves

- Three years of penarterial sympathectomy F BRUN  
Dtsch. med. Wochenschr. 1925 li 1516

xlii 124

- Chordoma a review with a report of a new macrococy-  
geal case M J STEWART and J E MORIN J Path. &  
Bacteriol 1926 xxxi 45

## SURGERY OF THE CHEST

### Chest Wall and Breast

- Supernumerary breast A CRICKSHANK Brit M J  
1926 i, 140  
The histology of the breast in the course of normal and  
abnormal menstruation H DIECKMANN Arch f path

- Varying degrees of malignancy in cancer of the breast  
R B GREENOUGH J Cancer Research 1925 ix 453 [362]

— — — — — nom. E. SATTLE

ARTER

VT. 18  
ueoon

EDADO  
476  
uses of  
W. 10

The radiological treatment of carcinoma of the breast  
J B JOHNSON Texas State J M 1926 xxi 548

The surgical aspect of cancer of the breast W L CROSTHWAITE Texas State J M 1926 xxi 543

A contribution in favor of the extended operation of cancer of the breast G STEIGELMANN Zentralbl f Chir 1925 lxi 2522

The radical breast operation with the endotherm knife (acusector) and without ligatures H A KELLY and G E. WARD Ann Surg 1926 lxxxi 42

### Trachea Lungs and Pleura

An easy method of performing tracheotomy K H DIGBY Lancet 1926 ccx 124

The absorption and elimination of volatile substances through the lungs V HENDERSON Brit M J 1926 i 41

The influence of the physiological function of the glottis upon the sounds originating in the bronchial tree during respiration, A WINKLER Beitr z Klin d Tuberk 1925 lx 754

Foreign bodies impacted in the food and air passages modern technique in their diagnosis and treatment SIR W MILLIGAN Lancet 1926 ccx 117

A corn kernel in the bronchus L RICHARDS Boston M & S

1926 xv 65 [363]  
The roentgenological examination of the air passages by the intratracheal injection of iodized oil F GUYOT Rev méd de la Suisse Rom 1925 xlv 701

3 1926 50 60  
The medicosurgical borderland in thoracic tuberculosis D A STEWART Arch Surg 1926 xii 288 [363]

The surgical treatment of pulmonary tuberculosis I ZADEK and A SONNENFELD Beitr z Klin d Tuberk 1925 lxi 489

pn

pe

S

tal

to

M

The placing in general surgical wards of patients on whom thoracoplasty has been performed report from tuberculosis experts and state health boards S A KNOPP Arch Surg 1926 xii 370

Permeability of the bronchopulmonary passages after collapse therapy A A RAIMONDI R A IZZO and E LANARI Rev méd Lat Am 1925 xi 377

End results of artificial pneumothorax S V PEARSON Brit M J 1926 i 52

1926 xii 392

Hydatid cysts of the lung and their surgical treatment W J S MCKAY Med J Australia 1926 i 7

Pneumothorax and hydatid pneumocysts C BACA LOGLU and I TANASESCO Presse méd Par 1925 xxxiii 1522

Actinomycosis of the lungs and chest, F TOREK Arch Surg 1926 xii 385

Postoperative gangrene of the lung with encysted empyema operation recovery W MEYER Arch Surg 1926 xii 329

Primary carcinoma of the lung G S BEL Med Clin N Am 1926 ix 887

Primary carcinoma of the lung report of two operative cases H BRUNN Arch Surg 1926 xii 406

Clinical forms of bronchial carcinoma H STRUNZ Wien klin Wchnschr 1925 xxxviii 1008

The increase of primary cancer of the lung with remarks on its diagnosis R STAHELIN Klin Wchnschr 1925 iv 1853

Vital capacity following lobectomy H LILIENTHAL Arch Surg 1926 xii 286 [364]

Pleuromy removal of serous fluid O W BETHEA Med Clin N Am 1926 ix 887

de

D

### Heart and Pericardium

A case of aneurism of a sinus of Valsalva bursting externally J H SHELTON Lancet 1926 ccx 178

### Oesophagus and Mediastinum

Spontaneous rupture of the oesophagus T H WILLIAMS and W BOYD Surg Gynec & Obst 1926 xlii 57

The recognition and management of perforations of the oesophagus SEIFFERT Ztschr f Hals Nasen u Ohren heilk 1925 xii 290

The roentgen diagnosis of peptic ulcer of the oesophagus L BRUNETTI Fortschr a d Geb d Roentgenstrahlen 1925 xxxiii 750

- The treatment of erosions of the esophagus J ALLANIS  
 Deutsche Ztschr f Chir 1925 cxviii 3 8  
 Esophagobronchial fistula resulting from actinomycosis  
 C. C. SUTTER

chir 1925 li 923

Thymectomy in the rabbit. C. M. VAN ALLEN J  
 Surg 1925 li 923

2479

- A case of esophageal carcinoma treated by intubation  
 with Souttar's tube M VLASTO Proc Roy Soc Med  
 Lond 1926 xix Sect Laryngol 18  
 Radium therapy in carcinoma of the esophagus W S  
 STONE Arch Surg 1926 xii 230  
 Radium in carcinoma of the esophagus method of ap-  
 plication S YANKAUER Arch Surg 1926 xii 247  
 Surgical treatment of carcinoma of the esophagus T  
 TOREK Arch Surg 1926 xii 237

### Miscellaneous

- The value of lateral and oblique roentgen ray exposure  
 in the diagnosis of thoracic affections J S PRITCHARD  
 Bull Battle Creek Sanit & Hosp Clin Battle Creek  
 Michigan 1926 xxi 1  
 Roentgenological examination of hepatobronchial fistu-  
 lae P ESCUDERO H MALTER TERRADA and M MIRANDA  
 GALLINO Rev Soc de med interna 1925 l 563  
 An intrathoracic growth simulating aneurism C L  
 ESHLEMAN Med Clin N Am. 19 6 15 1109  
 What may we expect today from thoracic surgery W  
 GREEN Arch Surg 1926, xii 171  
 Surgery in disease of the chest R H DIEVE BACK  
 J Med. Soc N Jersey 1926 xxiii 12

## SURGERY OF THE ABDOMEN

### Abdominal Wall and Peritoneum

- Sweat gland adenoma in operative scars F NELLE  
 Beitr z klin Chir 192 cxxxiv 437  
 Fibromata of the abdominal wall G PETRESCO and  
 M NOVLEANO J de chir 1925 xxvi 486  
 Tumors of the urachus with report of seven cases F  
 W RANKIN and B PARKER Surg Gynec & Obst 1926  
 xlii 19  
 Congenital hernia at the linea alba. H R CHARLTON  
 Am J Obst & Gynec 1926 x 103

Surg 1926 liii

- The autoplasic suture in the radical cure of inguinal  
 hernia B GOLDENBERG Presse méd Par 1925 xxxvii  
 1524  
 A method of radical cure of femoral hernia R H  
 C 1926 x v 18 [366]

### Gastro Intestinal Tract

- Roentgenstrahlen 1925 xxxv 4 19  
 The position of the stomach in healthy British and  
 American subjects R O MOODY Brit. M J 1926 l  
 15  
 The treatment of gastropnoxis by resection. B MURPHY  
 1926 li 2226

leu 19 3 u 3 9

- Observations on the stomach and duodenum  
 presence of esophageal stimulation of the vagus STAN EF  
 Fortschr a d Geb d Roentgenstrahlen 1925 xxxvii 13  
 Intestinal chemistry III Salivary digestion in the hu-  
 man stomach and intestines O BERGHEIM Arch. Int.  
 Med 1926 xxxvii 110

Notes on a consecutive series of 1080 gastric analyses by the fractional method A J KOHIVAR *Guy's Hosp Rep Lond* 1926 lxxvi 65

Gastric acidity in syphilitic children M DORNE W A BRAMS and I H TUMPEER *J Am M Ass* 1926 lxxvi 267

The non-operative treatment of pyloric stenosis J L

xxxvi 182

Cardiospasm and oesophagospasm in gastric ulcer W BONDZ *Mitt a d Grenzgeb d Med u Chir* 1925 lxxviii 525 [366]

Gastroduodenal perforations L FRANK *Kentucky M J* 1926 xxiv 14

Peptic ulcer and results G C MIZELL *South M J* 1926 xix 8

The present status of the treatment of ulcer of the stomach F L RICO *Rev méd de Sevilla* 1925 xliii 11

The treatment of gastric ulcer W E DREKS *Therap Gaz* 1926, I 19

A consideration of factors concerned in the production and the healing of peptic ulcer with a report of the results of treatment of

in Gr

Roentgen ray therapy of gastric and duodenal ulcers and other

1900 184

Chronic diarrhoea following resection of an ulcer of the lesser curvature P ESCUDERO and J W TOBIAS *Rev Soc de med interna* 1925 1 574

Gastric and duodenal roentgen ray findings after operation J T CASE *Bull Battle Creek Sanit & Hosp Clin Battle Creek Michigan* 1926 xxi 22

Gastrojejunocolic fistula R APPELMANS *Rev de chir Par* 1925 xliiv 757

Carcinoma of the stomach after gastrojejunostomy SIB G T BEATSON *Brit M J* 1926 i 15

The question of ulcer carcinoma C STERNBERG *Zentralbl f allg Path u nath A*

S

an

re

ca 91

The treatment of acute intestinal obstruction U STOPPATO *Riforma med* 1925 xli 1139

The treatment of acute intestinal obstruction O MARGARITCCI *Riforma med* 1925 xli 1133

Incomplete intestinal obstruction T I CANDY *Lancet* 1926 ccx 15

Wchnschr 1925 lxxviii 909

Diverticulosis C J DRUECK *Med J & Rec* 1926 cxviii 86

lxxviii 88

The mechanism of intestinal perforation due to distention F T VAN BELLEN JR *Ann Surg* 1926 lxxviii 69

Secondary enterostomy in peritonitis and ileus H

on

Z

Su

1900 184

The rôle of the temperature of the opaque meal in the

1900 184

Symptoms associated with duodenal retention and reverse motility H WHELOON *J Am M Ass* 1926 lxxvi 326

A case of compression of the third portion of the duodenum by a paraduodenal band P MOURE *Bull et mém Soc n d h*

La

W

M

Experiences with a duodenal clyster after Allard's technique G MARWEDEL *Muenchen med Wchnschr* 1925 lxxii 1719

de chir 1925 li 939

xcv 233



The surgical complications of Meckel's diverticulum. F. MUELLER. *Dissertation Erlangen* 1925 [368]

A case of subperitoneal fibroma of the free border of the ileum. LABEY and BARANGER. *Bull et mém Soc anat de Par* 1925 x v 218

The number of lymphoid follicles of the human large intestine. C. DUKES and H. J. R. BUSSEY. *J Path &*

1926 LXIII, 39

Cancer of the colon. C. A. FANVET. *Brit M J* 1926, [369]

LXXVI 103

LEUCAL STASIS. J. B. ... J

1926 XVI 40

Intra appendicular foreign bodies. M. MILANO. *Pediatr espal.* 1925 XIV 350

Appendiceal tones. O. WASSERTRUEDINGER. *Zentralbl f Chir* 1925 LI 2123

Intestinal occlusion of appendiceal origin and false hernial strangulation. C. VILLARIN. *Crón méd Lima* 1925 XII 329

An inflammatory pseudo-tumor of appendiceal origin. JEAN and FONTAINE. *Bull et mém Soc anat de Par* 1925 XCV 222

Appendicitis in the hernial sac. L. F. WATSON. *Med J & Rec.* 1926 XXXII 34

Appendicitis in a hernial sac. T. W. H. BUENE. *Brit M J.* 1926 I, 96

Appendicitis complicating gastric ulcer. D. DIAMOND. *Brit M J* 1926 I 240

Chronic appendicitis. I. BOAS. *Med. J & Rec* 1926 XXXII 25

Chronic appendicitis. J. PAREDES. *Bol Soc de ciruj de Chile* 1925 III 272 299

Status in the ascending colon simulating chronic appendicitis. ... 1926

R.

*Surg* 1926 XI 7

36

Imperforate anus with megacolon and terminal peritonitis. R. W. JONES. *Brit J Surg* 1926 XII 575 [367]

Liver Gall Bladder Pancreas and Spleen

An accessory lobe of liver attached only to the gall bladder. H. F. BROWNLEE. *J Am. M. Ass.* 1926 LXXXVI 193

The visibility of the liver, gall bladder and urinary bladder in the ordinary roentgen picture. F. FORBES. 1926 LXXXVI 690

Liver injury in thyrotoxicosis as evidenced by decreased ... L. M. WAR

Surgical problems in jaundice. S. OLIVER. *Ohio State M J* 1926 XXXI 21 [368]  
Rupture of an intrahepatic bile duct with fatal peritonitis. W. SMITH. *Ann Surg* 1926 LXXXIII 35

Hæmorrhagic necrosis of the liver CAIN and BOLTANSKI  
Bull et mém. Soc méd d hôp de Par 1925 xli 1450

- Traumatic separation of the gall bladder from the liver  
L ANDERSSON Acta chirurg Scand 1925 lix 369 [370]  
The diseased gall bladder C BENNETT Glasgow M J  
1926 cv 17  
Diseases of the gall bladder E KAPLAN Ann Clin  
Med 1926 lv 565  
Typhoid cholecystitis A EUSTIS Med Clin N Am  
1926 ix 935  
Chronic cholecystitis cholecystectomy P BARATA  
Arch brasil de med 1925 xv 719  
Perforation of the gall bladder with intraperitoneal  
hæmorrhage E G WATERS Med J & Rec 1926 cxxiii  
11  
The future of gall stone patients G MONOD and M  
ROUZAUD Brit M J 1926 i 90  
The roentgenological demonstration of the gall bladder  
after Graham's method HERMAN Fortschr a d Geb  
d Roentgenstrahlen 19 5 cxxiii 128  
The roentgen diagnosis of diseases of the gall bladder  
ALTSCHUL Fortschr a d Geb d Roentgenstrahlen 1925  
cxxxii 117 693  
Cholecystography K HERMAN Deutsche med Wchn  
schr 1925 li 1665  
The oral administration of sodium tetra iodophenol  
phthalein for cholecystography J BRAMS K A MEYER  
and W A BRAMS Radiology 1926 vi 1  
Additional remarks on cholecystography M EDNEORN  
Med J & Rec 1926 cxxiii 40  
Cholecystography its development and application  
E A GRAHAM W H COLE and G H COPER Am J  
Roentgenol 1925 xiv 487 [370]  
Clinical a d --

### Miscellaneous

- Complete transposition of the viscera A T EDWARDS  
Med J Australia 1926 i 133  
X ray diagnosis in abdominal pathology A E SHAW  
and T A FITTS J South Carolina M Ass 1926 cxi  
Congenital diaphragmatic hernia with rotation of the  
stomach N ALPERT Med J & Rec 1926 cxxii 84  
The medical aspect of non traumatic diaphragmatic  
hernia report of a case situated on the right side ante  
riorly L J MENVILLE Med Clin N Am 1926 ix  
1073  
Subphrenic abscess R DEXTER Ohio State M J  
1926 cxi 24  
Subphrenic abscess W SINGER Colorado Med 1926  
cxi 28  
A study of subdiaphragmatic abscess with an analysis  
of thirty two cases A O WHIPPLE Am J Surg 1926  
xl 1  
Observations on the diagnosis of subphrenic abscess  
R DEXTER Am J M Sc 1926 clxx 810 [373]

The necessity of exploring the common duct in operations  
on the gall bladder a distoma in the common duct A  
COVARRUBIAS Bol Soc de cirug de Chile 1925 iii 253

Injury of the bladder in the opening of Douglas abscesses  
 F. RÖDELINUS *Deutsche med Wchnschr* 1925 li 2251  
 [373]  
 The morphology and histogenesis of intraperitoneal  
 growths. A. WERESCHINSKI *Leip ig Vogel* 1925

lin 637

## GYNECOLOGY

## Uterus

Some unknowns of uterine physiology H. KEIFFER

A comparison of the extended conservative operation for  
 myoma with radical operation and roentgen castration  
 B. ASCHNER, *Ztschr f Geburtsh u Gynaek*, 1925 lxxix  
 17

The cartilage in the fundus of the uterus H. O. LAY  
 MANN *Arch f Gynaek* 1925 cxxvi 1

2212

Radio active substances and their multiple  
 applications radiotherapy of cancer of the uterine cervix  
 J. MURK *Radiology* 1926 vi 41

pregnant woman LIE NABEL S. GYIL 1  
 369

Cancer of the body of the uterus and radium R. CHAV  
 VIS *Rev méd de la Suisse Rom* 1925 xlv 822

Radiotherapy in inoperable carcinoma of the cervix  
 C. D. BROOKS *Am J Roentgenol* 1925 xiv 541 [35]

Evaluation of the treatment of carcinoma of the cervix  
 with radium W. F. HEALY *Am J Roentgenol* 1925  
 xiv 542 [375]

Brief considerations on the surgical treatment of cancer  
 of the uterine cervix E. GREENE *Bol Soc de ciruj de*  
 Chile 1925 iii 278

The symptomatology of cystic sarcoma of the uterus  
 and cystic peritoneal tumors G. HALTZ *Monatsschr f*  
*Geburtsh u Gynaek* 1925 lxx 82

xxxv 231

A consideration of Aschner's presentation of the results  
 of roentgen radiation for gynecological hemorrhages

G. SCHWABZ *Wien klin Wchnschr* 1925 xxxviii 815

Lipoma of the uterus E. KRUEGER *Zentralbl f allg*  
*Path u path Anat* 1925 xxxvi 493

Lipoid degeneration of uterine fibromyoma MOULON  
 GUET and BENDA. *Bull. et mém Soc anat de Par* 1925

xcv 207

2238

1925 lxxix 699

The obstetrical history of a uterus containing multiple  
 large fibromata which had been treated with the roentgen  
 rays. E. GARTJOUX *Bull Soc d obst. et de gynéc. de Par*,  
 1925 xiv 589 [375]

Myomectomy or radical operation for the myomatous  
 uterus? M. FLEISCH. *München. med Wchnschr* 1925  
 lxxix 1632

Specimen of a fibromyoma of the uterus weighing 47 lb  
 5 oz. successfully removed from a patient aged 59 years.  
 T. G. STEVENS *Proc. Roy Soc Med., Lond* 1926 xix  
 Sect. Obst. & Gynec 17

## Adnexal and Periuterine Conditions

Four cases of hernia of the ovary in nursing children.  
 H. L. ROCHER *J de méd de Bordeaux* 1925 cv 991

The fate of the graafian follicle in the human ovary  
 W. SHAW *J Obst & Gynaec Brit Emp* 1925 lxxix  
 679

The origin of the lutein cells of the corpus luteum.  
 W. SHAW *Proc Roy Soc Med Lond.* 1926 xix Sect.

sternum

lutein

25 xil.

401

C. P. H. ET S. E.  
 VEBECK

content

K. F.

D. ZON

2001

A statistical anatomical and pathological contribution on ovarian tumors S KUSUDA Arch f Gynaek 1925 xlv 669

A case of ovarian cysts simulating hydronephrosis " " " "

557 Torsion of ovarian cysts in children M S REUBEN Arch Pediat 1926 xliii 54

The surgical treatment of the ovary C B INGRAHAM Colorado Med 1926 xxiii 22

The Bell Beutner operation with ovarian conservation or grafting W BLAIR BELL Surg Gynec & Obst 1926 xlii 1

The value of tubal insufflation from a diagnostic and therapeutic standpoint L KOCH Muenchen med Wchnschr 1925 lxxii 551

Studies in sterility—the Rubin test T R MORGAN and B M ANSPACH Therap Gaz 1926 l 9

A study of the normal interstitial tube C DANIEL Gynec et obst 1925 xii 387

Opening of the fallopian tube into a cyst of the broad ligament LAQUIÈRE Bull et mém Soc anat de Par 1925 xcv 248

Tubal torsion E HARM Zentralbl f Gynaek 1925 xlii 1401

Torsion of the fallopian tube J C JEFFERSON Brit M J 1926 i 55

Torsion of the fallopian tube J C GILLIES Brit M J 1926 i 187

The differential diagnosis and treatment of inflammatory adnexal disease C J GAUSS Deutsche med Wchnschr 1925 li 1641 1685

Protein therapy of adnexal inflammations PETSCHEN and KUTZ Siglo méd 1925 lxxii 447 477 500

A large twisted hydrosalpinx LAQUIÈRE Bull et mém Soc anat de Par 1925 xcv 249

Bilateral hæmatosalpinx with rupture of one tube II H COX and A H BAUCHER Illinois M J 1926 xlii 43

Amoebic infection of the adnexa RUDECINDO DE LA FUENTE Bol. Soc de ciruj de Chile 1925 iii 265

A case of early endometrioma of the fallopian tube D W ROY and R DONALDSON Proc Roy Soc Med Lond 1926 xiv Sect Obst & Gynec 18

### External Genitalia

A study of the living cell in elephantiasis of the vulva A A BABÈS Rev franç de gynec et d obst 1925 xx 649

An unusual " " " "

17 " " " " BRAYNE Brit M J 1926 i

Kuestner's fistula operation P GARFUNKEL Zentralbl f Gynaek 1925 xlii 2307

### Miscellaneous

A review of the progress of obstetrics and gynecology during the year 1925 H B MATTHEWS Med Times 1926 liv 16

The genital glands and the organism as a whole R JARRÉ Ztschr f Konstitutionsl 1925 xi 370

Genital gland tumors in pseudohermaphrodites and hermaphrodites R MEYER Zentralbl f Gynaek 1925 xlii 1244

1345

H

P

St

T

Z

I

L

U

V

W

X

Y

Z

A

B

C

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D

E

F

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H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

An endometrioma between the layers of the broad ligament H. B. WHITEHOUSE Proc Roy Soc Med Lond 1926 xix Sect. Obst & Gynec 16

A primary chorionepithelioma of the pouch of Douglas E. A. FOX Bol Soc de obst y gynec de Buenos Aires 1925 iv 331

A case of chorionepithelioma E. L. VILA and H. W. SANZ Bol Soc de obst y gynec de Buenos Aires 1925 iv 499

A study of the origin and development of the chorion epithelioma F. PAUL Arch f path Anat 1925 ccvii 675

The vesicular mole E. ESSEN MOZILZ Monatsschr f Geburtsh u Gynaek 1925 lxx 360

Brief notes on radium in gynecology J. C. HERRERA Clin y lab 1925 xi 381

A vesicovaginal fistula produced forty-eight hours after the application of radium M. CHEVAL Bruckelwald 1925 vi 5

Local anæsth — — —

ut M

## OBSTETRICS

### Pregnancy and Its Complications

False pregnancy H. DOERFLER Monatsschr f Geburtsh u Gynaek 1925 lxxv 290

The care of the normal obstetrical patient during pregnancy labor and the puerperium R. MCPHERSON South M J 1926 xix 45

The growth during pregnancy and enlargement during labor of the human vagina H. STEVE Ztschr f mikros anat Forsch 1925 iii 307

The heart output during pregnancy H. J. STANDER E. E. DUNCAN and W. E. SISOV Am J Obst & Gynec 1926 x 44

A case of uterine crying J. A. BERUZI Rev argent de obst y gynec 1925 ix 352

nk —

Lozwy Bull et mém Soc d chirurgiens de Par 1925 xvii 516

Pregnancy and postoperative adhesions J. MOGLIA Rev franç de gynec et d'obst 1925 xi 609

Transient anosmia and ageusia in pregnancy H. SCHMIDT Klin Wchnschr 1925 iv 1967

The possibility of favorable mechanical influences of pregnancy on the course of pulmonary tuberculosis J. PARSON P. SIMONIN and H. VERMELIN Gynec et obst 1925 xi 383

An unusual case of tolerance of the pregnant uterus to traumatism M. CHATOV Gynec et obst 1925 xi 381

Hæmorrhages of the early months of pregnancy W. D. INGLIS Ohio State M J 1926 xxi 30

Cæsarean section for hæmorrhage D. R. C.

A placental tumor L. VON TOLDY Zentralbl f Gynaek 1925 xlix 2348

Diabetes in pregnancy — — —

u

The question of bilirubinæmia in pregnancy E. HERRMANN and F. KORNFIELD Zentralbl f Gynaek 1925 xlix 2227

Is sterilization indicated in anemia of pregnancy simulating pernicious anemia? F. C. HILGENBERG Zentralbl f Gynaek 1925 xlix 2336

Scarlet fever in the lying in period during pregnancy and after abortion W. J. SCHMIDT Wien med Wchnschr 1925 lxxv 2328

Syphilis in pregnancy K. P. FROST California & West Med 1926 xliii 63

Arsenic bismuth in mercury in the treatment of the luteal pregnant woman V. MARQUES and J. M. ARSAR Rev méd d Barcelona 1925 ii 418

A case of an amoebic dysentery and pregnancy M. V. FALSA Rev argent de obst y gynec 1925 ix 353

Malaria and anemia of pregnancy BOLATTO Clin obstet 1925 xxvii 505

Psychopathic changes in pregnancy E. L. METZGER M. SIMON and H. WEINBERG Monatsschr f Geburtsh u Gynaek 1925 lxx 240

A pure or predominantly acidotic case of toxæmia of pregnancy A. TURVINE Gynec et obst 1925 xi 395

A rare case of auto-intoxication of pregnancy S. D. CHIAIE Riforma med 1925 li 1115

The treatment of intractable vomiting of pregnancy HENROTAY Gynec et obst 1925 xi 392 Bruckelwald 1925 vi 135

The use of fluids in the treatment of hyperemesis gravidarum V. T. T. — — —

u

u

u

u

u

u

u

u

u

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u

- Extra uterine pregnancy at full term J M H ROW  
Lancet Surg Gynec & Obst 1926 xlii 50
- A case of interstitial pregnancy V LEBEDEFF Zen  
tralbl f Gynaek 1925 xlix 2018
- Ruptured cornual pregnancy discussion of cornual  
pregnancy and literature J L GROVE Surg Gynec &  
Obst 1926 xlii 102
- A case of almost full term pregnancy in the rudimentary  
arcuate horn of the uterus with death of the fetus L A  
KAWSKY Monatsschr f Geburtsh u Gynaek 1925 lxx  
159
- Suppuration of a hæmatocele after extra uterine preg-  
nancy after paratyphus infection G H SCHNEIDER  
Zentralbl f Gynaek 1925 xlix 925

- Breech extraction, with particular reference to forceps on  
the breech H SEIDL Muenchen med Wchnschr 1925  
lxvii 1501
- M  
del  
W1
- 113  
New and old phases of operative obstetrics A DOEDER  
LEIN Deutsche med Wchnschr 1925 h 1475

- 1925 ix 335
- Pregnancy and carcinoma of the uterine cervix W  
WEISER Wien klin Wchnschr 1925 xxxviii 1040
- Acute hydramnios and chorionepithelioma F ORTNER  
Zentralbl f Gynaek 1925 xlix 925

### Labor and Its Complications

- Painless labor in hypnosis U FRANK Arch f Gynaek  
1925 ccxvi 160
- The use of nitrous oxide and oxygen in obstetrics in the  
home J L DAY J Oklahoma State M Ass 1926 xix  
5
- The use of somnifene in obstetrics P SCHMIDT Zen-  
tralbl f Gynaek 1925 xlix 2066
- Does self help on the part of the child take place during  
labor? H KUESTNER Monatsschr f Geburtsh u Gynaek  
1925 lxxi 14

- 443  
The ischial ramus diameter J P GARDINER J Am  
M Ass 1926 lxxxvi 161
- The importance of cervical tears in hemorrhages after  
spontaneous labor A HERMSTEIN Zentralbl f Gynaek  
1925 xlix 2401
- The management of bleeding cervical tears after spon-  
taneous labor H BAUM Zentralbl f Gynaek 1925  
xlix 2141
- Labor complicated by a uterovesical fistula A RUBIN  
Brit M J 1926 i 90
- An unusually severe injury of the urethra during labor  
and its operative treatment A BARDIN Zentralbl f  
Gynaek 1925 xlix 2299
- Complete inversion of the uterus J HOYTE Brit M J  
1926 i 140
- The symptoms of rupture of the uterus E GRAFF  
Wien klin Wchnschr 1925 xxxviii 35
- An experimental study of rupture of the uterus J E  
LACUNZA Surg Gynec & Obst 1926 xlii 69
- Report of a case of separation of the dorsal vertebrae  
in podalic version and extraction W R BARNEY Am J  
Obst & Gynec 1926 x 116

- WILKINS BR 1925 lxxii 1725
- On the use of the low cervical operations for caesarean  
section L C COYNE Canadian M Ass J, 1926 xvi 32
- Three caesarean operations for dystocia due to rigidity  
of the soft parts A FORNERO Clin ostet 1925 xxvii  
524
- The technique of suture of the uterus after caesarean  
section B BALL J Obst & Gynec Brit Emp 1925  
xxxi 727

- Two cases of placenta prævia treated by hysterotomy  
M G POJOL Bull Soc d obst et de gynec de Lar 1925  
xiv 585 {378}
- A case of pelvic stenosis in the pregnant woman treated  
by partial symphysiotomy A MATERZANINI Clin  
ostet 1925 xxvii 516

### Puerperium and Its Complications

- Newer methods in the management of the postpartum  
patient HANDELSCHLAG Fortschr d Therap 1925 i  
309
- 444  
The arrest of atonic postpartum hemorrhages by ex-  
ternal manual pressure L FISKACEK Wien klin Wchn-  
schr 1925 xxxviii 640
- The management of cases with retained membranes  
H BAUM Deutsche med Wchnschr 1925 h 1529
- The treatment of retention of the membranes and disease  
resulting from them W ALLEN Arch f wissenschaft u  
prakt Tierh 1925 liii 85
- The prevention of puerperal sepsis B LANFORD  
Virginia M Month 1926 lii 620
- The major problem of puerperal sepsis V BONNEY  
Lancet 1926 ccx 165
- Puerperal infection manifestations and end results  
L A CALKINS Virginia M Month 1926 liii 623

- The treatment of puerperal infection with arsenic salts  
M RIVIÈRE *Semana méd* 1925 xxvi 1394  
The treatment of puerperal sepsis B H GRAY *Vir  
ginsia M Month* 1926 lu 626  
Management of puerperal sepsis W H LIVERMORE  
J Oklahoma State M Ass 1926 vix 4

## Newborn

thoracic duct agenesis or hypoplasia of various abdominal  
and B E

ne family  
méd 1925

Congenital defect of the skin of the vortex of a newborn  
child A BURGER *Monatsschr f Geburtsh u Gynaek*  
1925 lxx 201

Intracranial hemorrhage in the newborn W SHARP  
and A S MACLAIRE *J Am M A s* 1926 lxxvi 332

Physiological pigmentation of the newborn M H  
ROBERTS *J Med A s Georgia* 1926 xv 4

Notes on the etiology and epidemiology of impetigo  
contagiosa neonatorum D L BALDING *Am J Obst &  
Gynec* 1926 x 70 [378]

## Miscellaneous

Sterility fertility studies in animals and their bearing on  
human problems R L DICKINSON *Am J Obst & Gynec*  
1926 x 51 [379]

Handbook of obstetrics A DOEDERLEIN Munich  
Bergmann 1925

ri

k

1926 14

Obstetrical mortality an analysis of the cases at the

The question of internal examinations by mid wives  
G CONRAD *Muenchen med Wchnschr* 1925 lxx  
944

The placental site the form of the uterus and the me  
s i m i r a l m

*Wchnschr* 1925 lv 1692

The present status of the ergot question E ROTHEN  
and K F SCITEG *Wien med Wchnschr* 1925 lxx  
2018 2109

An adequate method of recognizing specific ergot con  
stituents E ROTHEN *Zentralbl f Gynaek* 1925 lxx  
2117

## GENITO-URINARY SURGERY

## Adrenal Kidney and Ureter

Arterial hypertension and unilateral suprarenal tuber  
culosis M R CASTEX J J BERETTERIDE and J C  
LLANBLAS *Rev Soc méd intern* 1925 i 560

The report of a case of spontaneous recurrent peri  
renal hematoma P SANNAZZARI *Arch ital diurol* 1925  
ii 162

Congenital anomalies of the kidney and ureter A  
BIANCHINI *Arch ital diurol* 1925 ii 125

The function of the kidney A V RICHARDS *Colorado  
Med* 1926 xxiii 21

The value of laboratory tests in the diagnosis of kidney

Pyelographic errors in the diagnosis of renal neoplasms  
D V EISENBRATH and I S KOLL *J Urol*, 1925 xi 61 [380]

Lesions of the kidneys preventing vague or mild of abdominal symptoms W F MARTIN and W A CURRY  
WETH *Bull Battle Creek Sanit & Ho p Clin Battle  
Creek Michigan* 1926 xvi 9

Congenital cystic disease of the kidneys liver and pan  
creas W G SEARS *Guy's Hosp Rep Lond* 1926  
lxxvi 31

of the nephron B H NICHOLS

Pyelographic methods C C ORA *J Urol* [380]  
571

Pathological conditions of the kidney considered roent  
genologically B H NICHOLS *South M J* 1926 xiv  
6

Errors of technique and interpretation in ureteropye  
lography W A FROST *J Urol* 1925 xiv 5 p [380]

Urographic studies of the ureters W E LOWER and  
G W BELCHER *J Urol* 1925 xiv 593 [380]

*Arch Surg* 1925 xi 917  
A case of hydronephrosis in a horseshoe kidney hemi  
nephrectomy O T HELLSTEN *Acta chirurg* [383]  
1925 lxx 415

Autonephrectomy animal experimentation with the re

Cystoscopy in diagnosis Sir J W THOMSON WALKER  
Practitioner 1926 cxvi 32

An uncommon foreign body in the bladder E PELLE  
CHIA Arch ital di urol 19 5 ii 177

A vesical calculus weighing 1516 gm A MÉNDEZ  
P d m d 22 d l H b 6 6

l

urol 1925 ii 93

Diverticula of the urinary bladder H JAROSZ Ztschr  
f Urol 1925 xix 722

Fibromyomata of the urinary bladder W S KOST

m 7 b f l C

Hæmaturia in pyelonephritis H BLANC J d urol  
med et chir 1925 xx i 125 [383]

A case of closed pyonephrosis R LANDÍVAR and F R  
Ruiz Semana méd 1925 xxxii 1157

A case of hydatid cyst of the kidney J A ETCHÉ  
FARGBORDA Rev Soc de med interna 1925 i 582

Cases of kidney operations under regional anaesthesia  
F TOREK Am J Surg 1926 xl 9

The operative exposure of the kidney K MERMINGHAUS

ON Surg

[384]

M ERNST

CH Ztschr

Progressive growth changes in the ureter during preg  
nancy H KUESTNER Ztschr f mikros anat Forsch  
19 5 iii 295

Co t h

8 y especial 1925 xxi 293  
Primary congenital dilatation of the ureters J S  
EISENSTADT J Urol 1926 xv 21 [384]

1920 xv 51  
Remarks on the clinical features of eight cases of ure  
teral stricture G L HUNTER J Urol 1926 xv 93  
Ureteral stones J M COLLIGAN Minnesota Med  
1926 ix 19  
The diag

xxx 25

The clinical use of borocaine borate and beta-eucaine  
borate for urethral anaesthesia R COVTE Brit M J  
19 6 i 84

Persistent hæmorrhage secondary to internal urethrot  
omy V M GARCÍA Med Ibera 1925 ix 433

1

1

1925 iii 290

The treatment of epithelioma of the penis with radium  
and the roentgen rays A D DEAN Am J Roentgenol  
1926 xv 36

## Genital Organs

D

---

---

## Bladder Urethra and Penis

Studies of the vesicorenal reflex H BOEMINGHAUS  
Verhandl d deutsch Gesellsch f Urol 1925 p 166



93. of nephrolithiasis E C ROSENOW Illinois M J 1926  
xlx 23  
The bacteriological findings in urinary infections. R  
BENAGRI Arch ital di urol 1925 ii 149  
Pyuria in infants and children W W ANDERSON J
757. Experimental studies on the internal secretory relations  
between the testis and prostate E KORNITZER and A  
LIEBEN Verhandl d deutsch. Gesellsch f Urol 1925  
p 202  
The late results of epididymectomy in genital tuberculo-  
sis N W W D m d i T xx 460
- xv 44  
The treatment of varicocele C PRIMA Zentralbl f  
Chir 1925 li 2244  
The operation for varicocele F FRANKE Zentralbl f  
Chir 1925 li 2483
- Miscellaneous
- The year in urology V C PEDERSEN Med Times  
1926 lvi, 4  
Some interesting urological cases in women and children  
W E STEVENS California & West Med 1926 xiv  
57  
Focal infection and its relationship to non surgical dis-  
ease of the genito-urinary tract E HESS Urol & Cutan  
Rev 1926 xxx 21  
The production of urinary calculi by the devitalization  
and infection of teeth in dogs with streptococci from cases
- 435  
Surgical diseases and injuries of the urinary organs  
VOELCKER and LEDDERHOSE Leipzig Thieme 1925  
The treatment of postoperative urinary retention  
MICHON and BOUVIER Presse méd Par 1925 xxxv  
1566  
High drainage of the urine PAPPE J d urol, méd et chir  
1925 xx 383
- 251  
Venereal granuloma A CARDONA Repert. de med. y  
cirug 1925 xvu 22

## SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

### Conditions of the Bones Joints Muscles Tendons Etc

- The relation of the hæmatopoietic system to the develop-  
ment of bone A DE BOSANYI Dental Cosmos 1926  
lxvii 14  
The fate of bone transplants. A WERESCHINSKI Arch  
(1929)

- Acute bone atrophy T P NOBLE and E D W HIR-  
SCH Arch Surg 1926 xli 75  
Osteoporosis its origin and diagnostic importance.

- xxvii 92  
The intermittent hydrarthrosis of Moore OSTWALD  
Arch de med. cirug y especial 1925 xii 385  
Arthritis deformans. A DE G SWIFT and S J FERRIS  
Arch Pediat 1926 xliii 60

Hypertrophic osteo-arthritis and the hippocentric  
figure A LÉRY Bull et mém Soc méd d hôp de Par  
1915 xli 1445  
Physiotherapy in the treatment of arthritis R G  
GORDON Brit M J 1916 i 50

xi 1375  
Myositis ossificans circumscripta A GRUCA Ann

1925 xcv 220

J LEZACHÉ J orthop Chir 1925 xlvii 54  
A mixed tumor of the shoulder MICHON and MOULON  
Ouvr Bull et mém Soc anat de Par 1925 xcv 209

xcv 210  
Anomalies of calcaneal structure JEAN Bull et mém

F SCHEID

1926 xli

117  
A case of true bone formation in the Achilles tendon  
W STEIGER Wien klin Wchnschr 1925 xxxviii 1012

### Surgery of the Bones Joints Muscles Tendons Etc

Diseases of the cervical vertebræ THOST Ztschr f  
Hals Nasen u Ohrenheilk 1925 xli 293  
Congenital scoliosis due to hemivertebrae with multiple  
cervical malformations MASSABEAU and GUINAT Rev  
d orthop 1925 xxxii 543  
A lumbar rib of unrecorded type J CUMMING Brit  
M J 1926 i 55  
A typical manifestation of spina bifida occulta F  
ASCHER Arch f orthop u Unfall Chir 1925 xxxii  
716

Three cases of scapulopexy MALCLATRE Rev d or  
thop 1925 xxxii 697

Experiment

Experimental contribution on the anatomy of Trendelen  
burg's sign T HUEHNE Deutsche Ztschr f Chir 1925  
ccxli i

са  
 Н.  
 XIII б/о  
 Т

1605

CXCIII 132

The unrecognized compression fracture of the vertebrae W L BROWN and C P BROWN Texas State J M 1926 xxi 553

Isolated fractures of the transverse apophyses of the lumbar vertebrae P WIART Rev d orthop 1925 xiv, 529

Isolated fractures of the transverse apophyses of the lumbar vertebrae SOLCARD Bull. et mèm. Soc. anat. de Par. 1925 xcv 224

The early diagnosis and early management of congenital dislocation of the hip H. HILGENTRENER Med. Man 1925 xx, 1385, 1425

XIII 412

[395]  
sults  
[396]  
ado  
xvii

1925 Subastragular arthrodesis with a bony abutment in the tarsal foot NOVJ JOSSEFAND Pev dorthop 1925  
1925 The treatment of congenital pes equinovarus by open osteotomy of the astragalus R MASSART Pev dorthop movements 1925

1926 IX 28

1. ROGGE ALBERT EDWARD

B. A.

ng of  
S<sub>2</sub>

100. 8

$$\frac{1}{2}$$

134 Divergent dislocation of the metatarsus A. P. C. 138  
HURST Ann Surg 1926 LXXXIII 137

## Orthopedics in General

Twenty-eighth report of progress in orthopaedic surgery  
R B OSGOOD N ALLISON P D WILSON H BUCHAN,  
and others Arch Surg 1916 42: 238  
The usefulness of the blood sedimentation test in the  
H KNOX and H WATERMAN

EF \ ALL

OEFL J 3rd

Manila, 4, 1906

Discussions in cumulative treatment in medicine and surgery

non manipulative treatment. W. R. Barrow

1020 EXAMIN 44

The report of a case of rare fracture of the elbow  
P. LORTIE Arch. franco-belges de chir. 1925 xxvii

<sup>190</sup> An unusual result in fracture about the elbow joint.  
K. HAYDEN U S N

### Fractures and Dislocation

## SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## Blood Vessels

Circulatory changes during the climacteric and following castration E STRASSMANN Arch f Gynaek 1925 cxvii 169

Treatment of threatened gangrene of the arm due to injury of the main artery P McEWAN Brit M J 1926 i 186

Sutich interpolation in arterial and venous anastomosis C. DEEDERA Ann. Surg. 1926 lxxxiii 111

A left superior vena cava MORAND Bull et mém Soc anat de Par 1925 xcvi 246

The treatment of postanginal pyæmia by ligation of the jugular vein E MELCHIOR Zentralbl f Chir 1925 lii 1991

Aneurisms in the Johns Hopkins Hospital all cases treated in the surgical service from the opening of the hospital to January 1922 M R REID Arch Surg 1926 xli i

Aneurism of the right supraclavicular region with extrusion of the sac and ligation of the subclavian vein and artery A. CONSTANT Bol Soc de ciruj de Chile 1925 vii 306

The varicose syndrome G NOBL. Zentralbl f Haut u Geschlechtskrankh 1925 xviii 1

The treatment of varices L MABILLE Bruxelles méd 1925 vi 71

A case of complete resection of varices in a man of 72 years ALCIAYE Bull et mém Soc nat de chir 1925 li 931

Embolio closure of the femoral artery after resection of the stomach F HESSE Deutsche Ztschr f Chir 1925 cxviii 120

Thrombo angitis obliterans A N COLLINS and G C MacRAE J Lancet 1926 xlii 1

Thrombo angitis obliterans W F GEMMILL Atlantic M J 1926 xxix 244

## Blood Transfusion

The effect of roentgen ray irradiation on red blood cell production in cancer and leukemia R ISAACS Am J M Sc 1926 clxxi 20

The value of blood and urine examination in renal disease H MACLEAN Practitioner 1926 cxvi 67

Studies of the suspension stability of the human blood II The changes of the sedimentation rate of the erythrocytes in vivo and in vitro after X ray exposure E A POULE Radiology 1926 vi 55

1926 xi 386

A blood transfusion apparatus introducing the use of Record syringe needles both for the donor and the recipient H H MOLL. Lancet 1926 ccx 175

A new blood transfusion apparatus. D McLELLAN. Surg. Clin. & Ch. 6 1

xix i

Arch Surg 1926 xli 140

Blood transfusion from vein to vein by means of a three way syringe O JUENGLING Zentralbl f Chir 1925 lii 2475

A case of pernicious anemia of unknown origin treated by blood transfusions from a plethoric donor J EMILE WEIL and R STEFFEL Bull et mém Soc méd d hôp de Par 1925 xli 1454

The fate of donors of large quantities of blood P SCHUMACHER Arch f Gynaek 1925 cxviii 569

Transfusion with a universal donor a fatality H E BUTKA California & West Med 1926 xxiv 74

## Lymph Vessels and Glands

The radiation reaction of metastatic squamous-cell carcinoma

Conservative treatment of buboes J M BARNES U S Naval M Bull 1926 xxiv 66

Lymphadenoma (Hodgkins Lymphogranuloma) Sir H KOLLESTON Lancet 1925 cxii 1209

## SURGICAL TECHNIQUE

## Operative Surgery and Technique Postoperative Treatment

1  
Ass J 1925 xv 1 09

surgery R. S. ADAMS Am J Surg 1926 xl Anz Supp

2 Skin transplantation C von WEDEL J Oklahoma State M Ass 1926 xiv 7

Rope grafts F H LANEY Boston M & S J 1926 cxiv 1 [401]

Problem of the wounded in war from the medical technical and social standpoint SERRY Prog de la Clin Madrid 1926 xxxv 3

## Anæsthesia

The anæsthesia department of a hospital. C N COORS

58 Cases of death after chloroform narcosis RECHEN.

1 K. GILMAN Am J Surg 1926 xi Anz. 11  
Two thousand personal cases of paralytic anæsthesia

## Antiseptic Surgery Treatment of Wounds and Infections

Progress in chemotherapy G W RAZISS Clin Med 1926 xxxv 19

Report de med. y cirug 1925 xvi 7  
Spinal anæsthesia induced with stovaine and caffeine T JONVESCO Bull et mêm. Soc. nat. de chir 1925 li 953

A discussion on the use of sacral anæsthesia and para vertebral anæsthesia for diagnostic and operative purposes A LAEWEY Muenchen. med. Wchschr 1925 lxxxv 1449

1449 R. V. PUGH and R. H. JONES

Experiences with autogenous vaccine in surgery E BREITKOPF Beitr z. klin. Chir 1925 cxxxiv 145 [402]  
Therapeutic dyes I Mercurochrome 220 soluble R. W. FRENCH J Lab & Clin. Med 1926 xi 349  
Mercurochrome 220 and gentian violet their experimental use intravenously W J PENNOCK and C FERCSOV Northwest Med 1926 xxv 39

The status of the use of mercurochrome-220 as an antiseptic M S STONE R New Orleans

2349 Apoplectic bulbar paralysis after novocaïn-adrenal injection HEINEMANN Deutsche Monatsschr f Zahn 1925 xlv 673

Beta-eucaine borate A J COPELAND Brit. M J 1926 1 82

The conveniences of local anæsthesia J E IGARZABAL An Inst. Mod. de clin. méd 1924 1925 ix 236

Local anæsthesia with n ketol E. POLEY An. Fac. de med. Univ de Montevideo 1925 x. 817

Borocaine a new local anæsthetic. E. WATSON W. L. LAM Lancet 1926 cxx 16

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The biological effect of the roentgen rays and its study by means of explantation A A KROTONOWSKI Klin Wchn schr 19 5 iv 1966

The distant effect of the roentgen rays C ZWEIFEL Strahlentherapie 1925 xx 565

Critical observ

th therapeutic value of the roentgen rays A U DESJARDINS Minnesota Med 1926 ix 82 [404]

A chart for the determination of the erythema dose in X ray therapy E L WHITEHEAD U S Naval M Bull 1926 xxiv 68

A radiation of small dose F HEIMANN Klin Wchnschr 1925 iv 1815

The problem of distribution of the intensity of roentgen rays in the irradiated medium. E LORENZ and B RA JEWISKY Strahlentherapie 1925 xx 581

Three and one half years experience with high voltage X ray therapy A F TYLER Nebraska State M J 1926 xi 12

Radiation therapy of malignant disease J T CASE Bull Battle Creek Sanit & Hosp Clin Battle Creek Michigan 1926 xx 54

## Radium

Internal radium therapy—some practical suggestions for the general practitioner C E FIELD Am Med 1926 xxxii 40

Do age study relative to the therapeutic use of unfiltered radon G TAILLA and others Am J Roentgenol 1926 xv 1

Some outstanding physical considerations in radium and roentgen therapy D C A BUTTS Radiology 1926 vi 47

The effect of radium rays on the elastic fibers in skin cancer M IROH Japan J Dermatol & Urol 1925 xxv 635

## Miscellaneous

Progress in physical therapy J S COULTER Clin Med 1926 xxxii 42

A department of physical therapy N E TITUS J Am M Ass 1926 lxxvii 261

The technique of massage Ed 8 HOFFA Stuttgart Enke 1925

Heliotherapy L L ALBERT Rhode Island M J 1926 ix 3

Sun and artificial light treatment L HILL Brit J D

Diathermy in medical kidney diseases G KOLISCHER

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Paraffinoma D W MONTGOMERY and G D CULVER J Am M Ass 1926 lxxvii 92

Dermatolysis a review with the report of a case H GOODMAN and E F TRAUB Surg Gynec & Obst 1926 xli 88

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Minnesota

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A survey of the incidence of echinococcus granulosus (Batsch) or hydatid disease in New South Wales. I C. ROSS. Med J Australia 1926 i 96

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Some general features of endocrine influence on metabolism W B CANNON Am J M Sc 1926 cxvii 1

de Par 1925 xli 1394

Granuloma inguinale J F SCOTT Northwest Med 1926 xxv 40

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Pitfalls in surgical diagnosis SIR H F WATERS Can Practitioner 1926 cxvi 4

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What is surgery? E A GRAHAM South M J 1926 [40<sup>th</sup>] xviii 864

J de med de Bordeaux 1925 c 1041

# International Abstract of Surgery

*Supplementary to*  
**Surgery, Gynecology and Obstetrics**

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## EDITOR'S COMMENT

THE great interest which the subject of gastric and duodenal ulcer holds for European surgeons is indicated by a number of abstracts appearing this month in the section on abdominal surgery. A review of the ninth edition of Boas' handbook on diseases of the stomach (p. 452) deserves particular mention because of the outstanding position its author has maintained for so many years in the field of gastro-enterology.

Studies of the results of surgical treatment in a

(p. 457) from the University of Vienna Clinic and by de Takats (p. 454) from the First Surgical Clinic of the University of Budapest—afford an interesting comparison of the various methods of treatment employed and of the results obtained in different surgical centers. Though it is not always possible to determine from the published reports the location of the ulcer in the cases in which extensive resection has been performed, the tendency toward this method of treatment for peptic ulcer in any location is a definite one in the clinics mentioned. The lowering of the acidity and the lessened incidence of recurrences (the presence of multiple ulcers (Friedemann, 260 of 566 cases) and the presence of atypical epithelial proliferation in the margin of gastric ulcers (de Takats, 5 per cent of cases) are given as arguments in favor of wide resection. Its proponents maintain moreover that the primary mortality is not greater than that following less extensive procedures.

An interesting comparison with the reports mentioned is that of Balfour (p. 453) in which he carefully distinguishes between duodenal and gastric ulcer and points out again that the treatment of the two conditions should not be identical. He also emphasizes some important factors in pre-operative and postoperative treatment which have helped to produce the remarkable record of a 1 per cent mortality in 400 cases.

In a discussion of the late results of gastro-enterostomy for gastric and duodenal ulcer Lehmann (p. 453) emphasizes the fact that the

condition of patients after operation varies greatly from time to time and that misleading ideas as to the outcome of surgical treatment may result from reports that represent only momentary pictures at a particular interval.

The suitable preparation of patients for operation has been emphasized recently by a number of surgeons in different specialized fields. Moersch in an interesting study of the vital capacity of 1,000 surgical patients (p. 494) points out the value of the spirometer in indicating a patient's physical fitness. Bumpus (p. 477) and Hunt (p. 478) in two different papers discuss the problem of prostatic obstruction with particular reference to pre-operative preparation and its direct relation to the results of surgical management.

Lahey and Clute in discussing the operative treatment of persistent and recurrent hyperthyroidism (p. 439) point out the importance of freeing the jugular vein from the remaining thyroid tissue before attempting its removal. By carrying out this maneuver they were able to operate successfully on forty-eight cases which had previously been subjected to operation, injections of boiling water and other procedures.

The importance of early recognition of esophageal cancer and the ease with which it may be accomplished by the use of the esophagoscope in suspected cases is emphasized by Jackson in a recent contribution to the *Technique of Surgery* (p. 447). The author believes that by careful examination in every case presenting symptoms suggestive of esophageal anomaly a good percentage of cases with esophageal cancer may be saved.

(Platt, p. 443) the diagnosis and treatment of skull fractures as developed at the Cincinnati General Hospital (Carter, p. 431) and the use of fluids in the treatment of hyperemesis gravidarum (Harding and Van Wyck, p. 468) are only a few of many other recently published papers of particular interest and importance which are reviewed in this month's issue of the

ABSTRACT

# INTERNATIONAL ABSTRACT OF SURGERY

JUNE 1926

## ABSTRACTS OF CURRENT LITERATURE SURGERY OF THE HEAD AND NECK

### HEAD

Carter B. N. The Diagnosis and Treatment of Fractures of the Skull as Developed in the Cincinnati General Hospital. *Ann Surg* 1926 LXVIII 182

Carter reviews from the standpoint of the clinical aspects and treatment a series of 23 cases of skull fracture admitted to the Cincinnati General Hospital. Age is apparently an important factor in the prognosis as the death rate mounted with an

Persistent deep coma means serious intracranial damage and a grave prognosis (mortality 66 per cent). The

is unfavorable sign

The pulse rate is of significance if it is slow (40 to 49) or fast (120 to 160). Later the pulse rate is very

In cases with this sign the mortality was 100 per cent. Ultimate contraction of the pupils is considered a good sign while dilatation later is an unfavorable sign.

Convulsive seizures usually mean cortical damage rather than extradural hemorrhage.

Definite persistent weakness or paralysis in an extremity associated with skull fracture calls for operation. The prognosis is very grave if the reflexes are absent and a change in the reflexes usually means a poor outlook.

Spinal puncture is very valuable as a diagnostic and therapeutic aid and is not dangerous. Extradural hemorrhage may be suspected if the spinal fluid is clear and under high pressure and if there is hemiplegia or dilatation of one pupil.

Operation is advised in cases of skull fracture when other methods for relieving the pressure have failed. Spinal puncture after operation often obviates the necessity for a bilateral operation. Simple depressed fractures are operated upon immediately. Elevation through trephine opening is the method of choice unless signs of pressure warrant a subtemporal decompression. Compound fractures are treated by debridement of the soft tissues, loose pieces of bone and lacerated cortex with suture of the pia if possible. If there is much loss of dura

at once

In the entire series of cases reviewed the mortality was 35.8 per cent. WILLIAM A. BRAINS M.D.

New G. B. Newer Procedures and Methods in Plastic Surgery of the Face and Neck. *South M J* 1926 LIX 138

The author reviews the more recent advances in plastic surgery of the face and neck such for example as the use of local anesthesia instead of general anesthesia for the removal of cartilage from

The pupils may indicate the degree of intracranial damage. Fixed dilated pupils suggest great damage.

the rib and nasal plastic work of various types  
lining the refracture of nasal deformities the  
of artilage

grafts  
line the distal part of the flap this is a  
advance as a much better lining is made in this  
way

Full thickness skin grafts have been found of  
great value for lining the cavities of the nose and  
mouth particularly in cases of congenital syphilis  
of the nose in which the skin is usually present but  
the lining has been destroyed With the use of a  
full thickness skin graft on dental compound at-  
tached to a sp  
an incision un-  
noses may be  
previously Gillies suggest  
with the use of Thiersch graft In the mouth full  
thickness grafts on splints attached to teeth have  
been found very satisfactory On dental compound  
they may be employed for the correction of atresia  
of one nostril They may be used also in the replace-  
ment of mented scars about the face low grade  
of the lower lip

previous to this  
children however their use is inadvisable on account of  
the difficulty of obtaining sufficient co-operation  
from the patient  
reposition cases of har lip and cleft palate the application  
which the sides of the nostril of lead plates held in  
the tendons silkworm sutures and lead shot almost  
for peptic ulcer of a flared out nostril This  
in the clinics m  
acidity and the  
the presence of  
of 566 cases)  
thelial prolif-  
ulcers (de T  
given as arg  
its propo-  
primary mo  
ing le s ex

An inter-  
mentione  
carefully  
gastric  
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cal  
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Le

America by Janeway in the Memorial Hospital  
New York

Bare glass tubes containing between 0.5 and 1 m.  
of emanation are inserted directly into and around  
the periphery of the neoplasm by means of a hollow  
needle fitted with a stylet Tubes of this value are  
preferred because as shown by Bagge they give  
thorough radiation of the tissues with minimal  
necrosis An attempt is made to scatter them  
formerly 1 cm. apart Just before or immediately  
after their implantation heavy external radiation  
is given over the neoplasm and the regional lym-  
phatics to lessen the possibility of grafting or  
metastasis

This method of treatment gives more efficient  
results with less radiation of the surrounding tissues  
The softer gamma rays which

usual deform in adults there  
of the lip the nose after  
sawyer shaped piece removal  
the ear to elevate the back of  
In cases of cleft palate  
is an advance over the mat-  
tress

In postoperative operations in the  
palates with considerable postoperative external auditory canal extensive unsuccess-  
the use of pedicled flaps is a distinct advantage of indeterminate extent around the face or  
lacking the openings laterally with xodoform of indeterminate extent around the face or  
after delayed transplantation of the flap also necessary sinus

Fig. 1. Bare Radium Tubes in the Treatment  
of Tumors Around the Head and Neck  
This is a review of 146 cases of malignant disease  
about the head and neck which were treated with  
bare radium emanation tubes after the method  
first suggested by Duane in 1908 and first used in

The method has been used to surgery  
in the treatment of tumors of questionable operability  
in the parotid and mastoid regions with invasion  
of the external auditory canal extensive unsuccess-  
ful treatment of indeterminate extent around the face or  
sinus  
treatment of palpable metastatic nodes the  
q tubes are inserted directly into the nodes  
the skin and their action is supplemented  
radiation with distance and screening  
the author states that bare radium  
tubes have given remarkable primary  
results are of value in the treatment of loca-  
lized surgical measures and in the con-

trol of metastases In all of the cases in which they were used alone there was some contra indication to operation When bare radium tubes have been employed with operation the results have been better than those obtained by operation alone

**Billington W and Round H Bone Grafting of the Mandible With a Report of Seven Cases**  
*Brit J Surg* 1926 xii 497

Experience gained in about 2 000 cases passing through the Jaw Center of the First Southern

of alignment

In all seventy five cases were successfully treated with grafts varying in length from  $\frac{1}{2}$  in to 5 in The longest successful graft measured 7 in and was used in a case in which the lower jaw had been destroyed from angle to angle

Jaw grafting is more apt to be successful in injuries sustained in civil life than in war injuries because in the former there is usually less soft tissue damage and sepsis and greater freedom from dense scar tissue

Th

## EYE

**White L E The Optic Canal in Optic Atrophy**  
*Ann Otol Rhinol & Laryngol* 1925 xxxiv 1210

In previous articles the author reported that roentgenograms show the normal optic canal to be about 5 mm in diameter In 90 per cent it is round and in 10 per cent oval In patients with optic nerve involvement the diameter of the canals was found to be  $\frac{3}{4}$  mm less than the normal and in 50 per cent of these subjects the canals were oval When the diameter was 4 mm or less there was a 50 per cent loss of vision

In this article White reports the results of ex

It may optic small e Ja dert

my when both nerves are endangered

MANFORD R WALTZ M D

**Williamson Noble F A Inflammatory Pseudo Tumor of the Orbit**  
*Brit J Ophth* 1926 x 65

rhage

Before extenteration of the orbit is done the urine should be examined focal infection especially lu s and tuberculosis should be excluded a differential blood count should be made the coagulation time determined the teeth and sinuses examined with the X ray and an exploratory operation performed

VIRGIN WENTCOTT M D

**Gifford S R Epithelial Dystrophy of the Cornea and Its Relation to Endothelial Dystrophy**  
*Am J Ophth* 1926 35 ix 81

The author reports three cases of epithelial dystrophy of the cornea and the findings of re examination in the ca es he has reported previously He believes that both corneal surfaces are affected by a common cause He reports also two cases similar to those described by Graves in which there were dew like opacities scattered over the endothelial surface Prior to the use of the slit lamp these opacities escaped recognition

AUDREY H PEMBER M D

**Ferree C E Rand G and Monroe M M The Area of Form Fields for One Degree Stimulus**  
*Am J Ophth* 1926 35 ix 95

The boundaries of the form field for a white stimulus subtending an angle of 1 degree were determined in 200 cases The areas included within these boundaries are represented by two methods and the results are shown in charts The cases studied were sampled to include as many as possible of the outstanding variables which are not pathological The test reveals a diagnostic scale for use in the separation of pathological from non pathological cases

AUDREY H PEMBER M D

**Rogers R M Bilateral Glioma of the Retina**  
*Am J Ophth* 1926 35 ix 105

The author reports a case of bilateral glioma of

cells lie usually in perivascular groups The inner

duces complete rosettes

The author stresses the fact that serial sections should be carefully studied to determine if the tumor

has passed into or beyond the sclera. In case of such extension the contents of the orbit should be removed immediately. **AUBREY H. PEMBER, M.D.**

**Milligan, Sir W. Love, J. K. MacLay, N. and Barnett, H. N. Chronic Non Suppurative Middle Ear Deafness. Brit Med J 1925 11 Sect Laryngol Otol and Rhinol 1115**

### EAR

**Jones, I. H. and Knudsen, V. O. Facts of Audition. Ann Otol Rhinol & Laryngol 1925 xxiv 1013**

The loudness of a tone sensation is determined by the energy in the sound wave and the acuity of

an accompanying mild and creeping step is. The

far apart

A lesion of either the middle or internal ear has no effect upon the capability of the cochlea to differentiate loudness. The normal ear responds to from 20 to 20,000 dv. and there are about 1,500

responds approximately 3,400 pure tones are appreciated.

The quality of a musical tone depends upon its

The hope of preventing the onset of chronic middle ear deafness lies chiefly in the early recognition and treatment of catarrhal and septic changes in

ing

**MACLAY** states that among the more important

tympanic massage and re-education exercises as most of the many remedies

**Mackenzie, G. W. The Prevention of Chronic Middle Ear Suppuration. Ann Otol Rhinol & Laryngol 1925 xxiv 1068**

The prevention of chronic middle ear suppuration depends upon the curing of the acute form. The predisposing cause of the acute form is nasal or nasopharyngeal obstruction caused by adenoids, a deflected septum, nasal polyp, hypertrophied turbinates or adhesions. The activating cause is an acute infection affecting the upper respiratory tract such as influenza, scarlet fever and measles. Re-

**Jenkins, G. J. Scott, S. R. and Horgan, J. B. Operative Treatment of Chronic Middle Ear Suppuration. Brit Med J 1925 11 Sect Laryngol Otol and Rhinol 1109**

describes his cases of chronic suppuration

cause whether this is faulty drainage or lessened resistance or both. Syphilis and tuberculosis are less common factors but are of importance and should be treated. The diet also must receive consideration. **MAYNARD R. WALTZ, M.D.**

and B

Group 2. Those in which the middle ear conducting apparatus has been involved. The hearing may be very poor.

of a  
f the

stood  
aps I

and 2 In cases of Group 3 he uses the radical operation

Scott believes that cases of otitis media in which defective hearing and otorrhea persist from the onset for more than four to six weeks and even for nine months or longer should be regarded as acute cases and treated as such by the Schwartze operation. When there is doubt as to the necessity for extirpation of the tympanum when there is no cholesteatoma and no labyrinth disease and even when hearing is very defective it is permissible to

tion of the cholesteatoma with serious symptoms, (2) the failure of conservative treatment after from four to six weeks (3) constantly recurring suppuration and (4) insufficient co operation on the part of the patient. Contra indications to operation are chronic middle ear suppuration with a central perforation and without cholesteatoma. The prognosis depends upon the time the diagnosis is made.  
MANFORD R. WALTZ M.D.

Hammond P. Results in Radical Mastoid Operations as to Hearing. *Ann Otol Rhinol & Laryngol* 19 5 xxiv 1043

Hammond reports eight radical mastoid opera-

not subside in from four to six weeks transantral drainage should be employed in an effort to render more radical procedures unnecessary. He describes the technique he employs in the performance of a radical mastoid operation. He always uses a primary skin graft in uncomplicated cases and even in those in which the lateral sinus or dura is exposed. He does not use a skin graft in cases of fistula of the external semicircular canal.

WILLIAM B. STARK M.D.

Nager F. R. The Cholesteatoma of the Middle Ear—Its Etiology Pathogenesis Diagnosis and Therapy. *Ann Otol Rhinol & Laryngol* 1925 xxiv 1249

(Ch. 1)

Importance is between 1/4 and 3/4 per cent. The theory of Habermann and Bezold that the epidermis grows from the external meatus into the middle ear is applicable to most cases. Cholesteatoma cannot arise with a central perforation but may develop through a fistula in the pars flaccida.

In the cases reviewed by the author the middle

## NOSE AND SINUSES

and P. and F. R. Furuncle of Thrombosis Leptomen  
*ngol & Otol*

1926 vi 73

subcutaneous plexus and superior ophthalmic vein or in retrograde emboli from a septic thrombus. In the absence of venous thrombosis they may enter the sinus from the subcutaneous venous plexus through the perivascular lymph spaces in retro-

bothood of the furuncle

GEORGE R. McVULIFF M.D.

Granger A. Roentgenographic Examination of the Sphenoid Sinuses. *Radology* 1926 vi 23

In the roentgenographic examination of the sphenoid sinuses which is described by the author the patient lies prone with his head in a head rest or

ing  
the  
res  
an and the adjacent structures may be opened and invaded by the associated infection.  
The diagnosis is made by otoscopy with the use of a probe and magnifying glass and by intratym-

4 Autogenous vaccines from non hemolytic streptococci secured by loop inoculation of human

marking the upper border of the ethmoid sinus in the frontal sinuses does not affect the visualization of the G line

The author reports four cases to illustrate the

disease which are unsuitable for or fail to respond to the established procedures of surgical and antiseptic treatment

MAYNARD R. WALTZ M.D.

Dixon W E Some Observations on the Diagnosis and Treatment of Maxillary Sinusitis. *J Oklahoma State M Ass* 1925 XVIII 29

T

plasia the density of the line is diminished by bone atrophy In osteoplasia the line is broadened by the osteoplastic changes

In conclusion Granger states that with this method the roentgen examination of the phenoid sinuses can be standardized even in large clinics as uniform results will be obtained if the technique is followed exactly

GEORGE R. McARTHUR M.D.

Fenton R A Vaccines from Hemolytic Cocci in Spheno Ethmoidal Disease *Am J Otol Rhinol & Laryngol* 1925 XXXIV 1051

## MOUTH

Bass E Tuberculosis of the Tongue *Med Clin & Am* 1926 IX 1139

hastily lesions of the tongue may easily be over

The initial dose was from 0.005 to 0.01 c.c.m. and the maximum dose from 0.3 to 0.5 c.c.m. The injection was made in the patient's back every four days the dose being increased 1 c.c.m. each time The author summarizes his conclusions and findings as follows

1 The value of mixed vaccines with numerous organism depends largely upon the somatic reaction to foreign protein Such vaccines are likely to be dangerous Their effect is in proportion to the dosage of different bacteria each of which has its own coefficient of protein reaction

2 Foreign protein injections if used should be made with some highly standardized product such as typhoid vaccine In the control cases in the series studied they had no beneficial effect

Stein O J Cysts in the Floor of the Mouth *Am J Otol Rhinol & Laryngol* 1925 XXXIV 1023

Ranula has been proved a degenerative cyst of

Dermoid cysts develop from misplaced fetal rests or inclusions. They are of two types: those attached to the symphysis of the lower jaw and those attached to the hyoid bone. They begin to form shortly after birth and are present in the floor of the mouth or in the neck. The only method of treatment is total extirpation. This may be accomplished through the mouth under local anaesthesia.

Thyroglossal cysts develop in the remains of the thyroglossal duct. They must be differentiated from sublingual dermoids, abscesses of the suprahyoid lymph gland, a suppurating suprahyoid bursa, and accessory thyroid substance. They must be dissected out.

Branchial fistulae are due to embryological defects of development in the neck resulting in per-

toms such as obstruction and dyspnoea. It is not followed by shock. It is less apt than other procedures to be followed by spontaneous hæmorrhage or bronchopneumonia. It is practically bloodless. It blocks the vascular and lymphatic channels and

tissue. The danger of severe secondary hæmorrhage and when the skin is involved, formation of keloid cicatrices.

GEORGE R. McATULIFF, M.D.

### NECK

Williamson G. S. Applied Anatomy and Physiology of the Thyroid. *Brit J Surg* 1926 xiii 466

From anatomical studies and studies of comparative anatomy and embryology, Williamson concludes that the basic architectural feature of the thyroid gland is a lymph sinusoid.

### PHARYNX

Thorburn O. L. The Relation of Tonsil Infection to Nephritis in Children. *Ann Otol Rhinol & Laryngol* 1925 xxxiv 1096

It is only in the pharynx that the absorption of toxins rather than to the direct action of the bacteria.

In children the history and the condition of the circulatory system are unimportant and the acute type of nephritis is most common. In adults the reverse is true.

Nephritis in the child is classified by Hill into the following types: (1) acute hæmorrhagic, (2) acute exudative with oliguria, (3) subacute, (4) chronic and (5) ...

fu  
Ti

Medical treatment and regulation of the diet are not sufficient for the permanent cure of nephritis; the cause of the infection must be eliminated.

MANFORD R. WALTZ, M.D.

Milligan Sir W. Radiolotherapy in the Treatment of Inoperable Malignant Disease of the Upper Air and Food Passages. *Brit M J* 1926 i 364

While the early recognition of malignant disease and the immediate removal of the lesion with the

anterolateral surface of the trachea into the thymus.

The author believes the thymus does not undergo atrophy in youth but persists, manifesting a metamorphosis coincident with the nature of the demands made upon it, and serving as a reservoir for thyroid products derived from lymph drainage. This theory was supported by studies of the extension of the growth in thirteen cases of carcinoma, none of which showed extension in the cervical lymphatic glands.

The parathyroid body is associated with a ganglionated branch of the cervical sympathetic and by lymphatic tubules connecting with the thymus and thyroid. At times the lumina of these tubules contain the lymph-like secretion of an active thyroid gland. There are two processes that occur in the nor-



the operation the absence of change was probably due to incompleteness of the thyroidectomy the presence of accessory thyroid tissue or compensatory activity on the part of other organs

The surface tension of the plasma of animals

first determination

The time drop is somewhat greater in the plasma from normal animals than in that from animal operated upon

It is suggested that these changes are due to a decrease in the amount of certain normally occurring surface active substances the production of which is dependent directly or indirectly upon the thyroid gland

Determination of the surface tension of blood

toxicosis

Graves disease is considered primary in those cases in which the cause is extrinsic to the gland and secondary when it follows years of simple thyrotoxicosis Clinically primary Graves disease

primary or secondary The morphological appearance

to respond

In colloid or acute vesicular goiter there is an entire absence of subjective symptoms and also of secretory activity In the acute variety there is an over production of colloid whereas in the chronic variety there is stagnation

pathological

The chronic hypertrophic or adenoparathyroid goiter is a variety of endemic goiter produced by constant overwork of the gland resulting in a diffuse fibrosis WILLIAM E. SHACKLETON M.D.

normally occurring surface active constituents which are produced as the result of increased cellular metabolism JAMES C. BRASWELL M.D.

Burrows H. Pulsating Goiter with Recurrent Dislocation of the Eyeballs *Brit J Surg* 1916 3: 378

Thacker V. J. The Heart in Hyperthyroidism *Med Clin N Am* 1916 11: 1093  
Eshleman C. L. Long Standing Hyperthyroidism with Spontaneous Subsidence *Med Clin N Am* 1916 11: 1103

THACKER states that the incidence of cardiac ————— is 12 per cent

per cent for a  
In the few  
ained within  
y days after

vidence which has been under his observation for fourteen years. At the age of 57 years the patient is suffering from a chronic cardiac condition. The author attributes his long survival to prolonged periods of rest and the administration of sedatives during periods of acute hyperactivity.

JAMES C. BRASWELL M.D.

Lahey F. H. and Clute H. M. Persistent and Recurrent Hyperthyroidism. *Ann Surg* 1926 lxxviii 190

In the Lahey Clinic of Boston, Massachusetts, a secondary or repeated operation has been performed in forty-eight cases of persistent or recurrent primary hyperthyroidism.

Of the twenty-four cases in which complete

of his discharge after operation was 28. The corresponding rates in the five cases of recurrent hyperthyroidism were 68 and 5.

Lugol's solution was used but in no case did it keep the metabolic rate normal without surgical intervention. At operation a good sized piece of thyroid tissue was always found to account for the increased rate.

In the second operation, which is difficult, the essential factor is separation and retraction of the internal jugular vein and the common carotid artery from the thyroid remnant.

GEORGE R. McALIFF M.D.

Clute H. M. The Effect of Compound Solution of Iodine and Rest in the Surgery of Exophthalmic Goiter. *J Am M Ass* 1926 lxxvi 105

Compound solution of iodine has been used by the author in the treatment of 200 cases of primary hyperthyroidism. In sixty-nine selected cases a detailed study of its effects was made.

In the cases of patients not acutely ill the basal metabolism was determined at the time the patient was admitted to the hospital and every day or two during the period before the operation. In acute cases the preliminary test was omitted.

The patient was kept in bed for from seven to ten days before the operation and 10 minims of the compound solution of iodine were administered three times daily before the operation and for several days after it.

but with this newer treatment it is done in 63.6 per cent. Pole ligations formerly done in 51 per cent of

1 is now  
100 the

basal metabolic rate frequently goes below normal in the cases in which the compound solution of iodine has been given. Because of the involution of the

Stetten DeW. Combined Secondary Thyroidectomy and Thymectomy for Intractable Exophthalmic Goiter. *Ann Surg* 1926 lxxviii 288

Stetten reports a case of hyperthyroidism in which after medical treatment a right lobectomy was done in 1914 and an adenoma of the lower part of the left lobe was removed in April 1915 but in spite of these two operations there was no improvement in the symptoms.

In November 1915 a small portion of the lower part of the left lobe was resected and a thymectomy was done under ether anesthesia. The patient then made an unexpectedly excellent recovery and returned to work two months later.

GEORGE R. McALIFF M.D.

Stevens J. T. Toxic Goiter. Its Treatment by Means of Radium and the Roentgen Rays. Results Controlled with Basal Metabolism Tests. *Radiology* 1926 vi 7

Barclay A. E. Hyperthyroidism. *Radiology* 1926 vi 14

- -

other method of treatment

In the case of "b" - - -

Under this treatment there was an average drop of thirty points in the basal metabolic rate before operation and only 7.2 per cent of the cases failed to show an appreciable drop. Formerly a one stage operation was done in only 38 per cent of the cases.

droplet to the distended vesicle. In the gland unit in which colloid storage is going on there is no evidence of the production of secretion the gland

toxic is

Graves' disease is considered primary in those

to respond

In colloid or acute vesicular goiter there is an entire absence of subjective symptoms and also of secretory activity. In the acute variety there is an over production of colloid whereas in the chronic variety there is stagnation.

Disorders involving both colloid and secretion are common.

logical goit

struation

cause of the tendency to look upon an increase in the basal metabolic rate as indicative of pathological changes. The increased basal metabolic rate indicates only a compensatory effort in the metabolic cycle which is not necessarily thyroid nor even pathological.

The chronic hypertrophic or adenoparenchymatous goiter is a variety of endemic goiter produced by constant overwork of the gland resulting in a diffuse fibrosis. WILLIAM E. SHACKLETON, M.D.

the twenty minute period than at the time of the first determination.

The time drop is somewhat greater in the plasma from normal animals than in that from animals operated upon.

It is suggested that these changes are due to a decrease in the amount of certain normally occurring surface active substances the production of which is dependent directly or indirectly upon the thyroid gland.

normally occurring surface active constituents which are produced as the result of increased cellular metabolism. JAMES C. BROWN, D.

Burrows H. Pulsating Goiter with Recurrent Dislocation of the Eyeballs. *Brit J Surg* 1926 xiii 578

Thacker V. J. The Heart in Hyperthyroidism. *Med Clin N Am* 1926 ix 1093.  
Eshleman C. L. Long Standing Hyperthyroidism with Spontaneous Subsidence. *Med Clin N Am* 1926 ix 1103.

THACKER states that the incidence of cardiac damage in hyperthyroidism is about 25 per cent and that in from 2 to 6 per cent of the cases the injury is severe. Its cause is now believed to be the action of a toxin the old theory ascribing it to the thyroid gland has been discarded.

# SURGERY OF THE NERVOUS SYSTEM

## BRAIN AND ITS COVERINGS CRANIAL NERVES

Pólya E Epilepsy Due to a Traumatic Pore

The patient whose case is reported was a boy 9 years of age who had had repeated epileptic at

from eight to ten occurred each day They began in the left hand and rapidly progressed to the arm and leg Sometimes they affected the entire body Operation revealed a thin walled cyst the size of a fist which communicated with the lateral ven

Meyer Bungart and others The obliteration of the cyst can be accomplished by any kind of a plastic procedure A dural plastic by Krause's method or free transplantation of fascia according to the method of von Haberer is just as effective as suturing of the mobilized cyst wall Resection of the choroid plexus is of advantage because it is not followed by a spinal fluid fistula such as developed in the cases of Krause and von Haberer

PÓLYA (Z)

Weiser A Bone Formation in Endotheliomata of the Dura (Knochenbildung im Dura Endotheliom) *Ztschr f Chir* 1915 cxvii 403

Tumors of the brain substance and cerebral meninges not infrequently coincide with hyperostosis of the cranial bones In all probability the tumors of the endocranium are to be considered primary and

The author reports a case in which an operation for endothelioma was performed thirty years ago and thirteen years later another operation was necessary for the removal of a local recurrence Inspection of the cavity at the second operation showed that it was completely closed on all sides by smooth bony walls Weiser suggests that remnants of the primary tumor may have become displaced

The formation of bony layers on the surface of

formation had occurred secondarily in the fibrous tissue This case serves to show that the formation of bone plates toward the brain may occur even in

consideration

(Z)

Strauss I Meningitis Sympathica *Arch Oto laryngol* 1920 iii 46

Acute suppurative conditions in the accessory sinuses of the cranium in the ear or related struc

Schottmueller is of importance from the standpoint of diagnosis and therapy The most common etiological factor is inflammation of the ear with or without mastoid sinus or labyrinth involvement

abscess that the patient will succumb to the infection

Meningitis sympathica must be differentiated from (1) tuberculous meningitis (2) the so called aseptic meningitis which is probably caused by an

**Tapia A G** Large Pharyngostomes A Complication of Laryngectomy How to Avoid Them The Technique of Their Closure *J Laryngol & Otol* 1925 21 781

Pharyngostomes formed as a complication of laryngectomy may be divided into two main groups those due to inadequate nutrition of the skin flaps and the edges of the opening in the pharynx and

accuracy by direct laryngoscopy Laryngofissure should be limited to cases of anterior intrinsic growths confined to the anterior two-thirds of the cord

The technique as developed by Jackson is described in detail It differs from the technique of the British surgeons in that tracheotomy is not done unless it is necessary to pack the larynx on account of hæmorrhage Intratracheal ether anaesthesia is

ness

The induction of local anaesthesia with novocain and adrenalin solution does not interfere with complete and rapid recovery

WILLIAM B STARR M.D

**Tucker G** Laryngofissure for Cancer of the Larynx Report of Fifteen Cases *Arch Otolaryngol* 1926 111 20

Laryngofissure or thyrochondrotomy for intrinsic cancer of the larynx has been re-established on a sound basis by Butlin and Semon It is regarded as the best procedure for early intrinsic cases by many of the leading British laryngologists

Prior to any major procedure such as laryngofissure laryngectomy or extensive radiation for cancer of the larynx the diagnosis should be confirmed by biopsy accomplished with the utmost

radiation

tion anesthesia are reported

STANLEY J. SEEGER M.D.

### PERIPHERAL NERVES

Platt H. The Pathogenesis and Treatment of the Traumatic Neuritis of the Ulnar Nerve in the Postcondylar Groove. *Brit J Surg* 19 6 1111 495

Ulnar nerve involvement rarely complicates recent fractures of the lower end of the humerus. In a fracture clinic such a complication was found in only nine (3.7 per cent) of 252 fractures, ninety-five of which were supracondylar fractures, seventy-four fractures of the internal condyle, and eighty-three fractures of the external condyle. In eight of these nine cases there was a separation of the internal condyle, and in one a supracondylar fracture.

during the early stages of treatment. A secondary ulnar neuritis may arise from forced passive movement of the elbow in the first few weeks after the injury, and a friction or tension neuritis may result from disturbance of the normal relation between the nerve and its bed. In every case of severe and persistent neuritis the nerve should be explored and displaced to an intramuscular bed in front of the internal condyle.

Delayed ulnar palsy is usually secondary to fractures of the external condyle of the humerus sustained between the second and tenth years of age. Forty-three cases collected by Lewis and Miller there had been a fracture of the external condyle in twenty-three, a fracture of the internal condyle in ten, a supracondylar fracture in eight, and epiphyseal separation in two. The cubitus valgus deformity is manifested early. The functional result in the joint is of an fairly satisfactory. The latent period before the onset of symptoms is rarely less than ten years and may be more than thirty years. The neuritis is a fr

indirectly shortens the course of the nerve but presents more difficulties than simple anterior transposition. Simple freeing of the nerve without transposition and gouging out of the postcondylar groove with replacement of the nerve are unsatisfactory operative procedures.

True complete and recurring dislocations of the ulnar nerve from its groove are rare, but minor degrees of hypermobility are often found in routine examinations. Possible predisposing causes are a shallow postcondylar groove, congenital or acquired laxity of the nerve sheath or arcuate ligament, and an exaggerated carrying angle.

The symptoms are those of friction neuritis. The nerve trunk becomes thickened and tender as a fusiform neuroma slowly appears. In recurring nerve dislocation with neuritis, transplantation of the nerve in a muscle in front of the internal condyle gives relief. Recurring dislocation without neuritic symptoms may be treated conservatively by the prevention of repeated forcible flexion movements of the elbow, but in the cases of persons engaged in manual labor and those who are unable to submit to the necessary restrictions of conservative therapy, early operation should be considered.

Anterior transposition of the ulnar nerve is an aid to end to end suture in gross lesions with ex

technique includes

1. Liberation of the nerve trunk in the lower third of the upper arm in the groove and in the upper third of the forearm. In the latter site access is

stripped distally to increase their extramuscular course. In this way kinking is avoided and the ulnar trunk can be displaced well in front of the condyle.

2. Construction of a new nerve bed in a deep intramuscular plane by (a) division of the superficial fibers of the forearm flexors taking origin from the internal condyle, or (b) detachment and turning down from the condyle of a tongue-shaped muscular flap.

3. Excision of the intermuscular septum at the

the symptoms follows a period of strenuous use of the limb involving repeated flexion movements of the elbow.

Operative treatment is indicated in all cases to relieve nerve friction and shorten the course of the nerve. The operation of anterior transposition has proved completely effective. Supracondylar osteotomy by correcting the cubitus valgus deformity

unknown focus and therefore of the same signifi-

made from a study of the spinal fluid. It must sometimes be based on the other clinical findings

process is still present or after it has subsided and even after the perforation in the tympanum has healed. Lumbar puncture in such a case shows increased spinal fluid pressure and many polymorphonuclear leucocytes but no bacteria are found in smears or cultures. Although the symptoms of meningitis persist and are aggravated for a few days bacteria are found in the spinal fluid only a day or two before death.

WALTER C. BURKE, M.D.

### SPINAL CORD AND ITS COVERINGS

Woltman, H. W. Some of the Clinical Manifestations of Tumors of the Spinal Cord. *Colorado Med.* 1926 xxi: 5

Since in compression of the spinal cord one side is usually affected a little before the other the characteristic sign of this type of disturbance is an approach to the Brown Sequard syndrome.

The signal forerunner of spinal cord compression is root pain. Root pain has certain distinctive

tion syndrome.

When lipiodol which is opaque to the roentgen rays is introduced into the spinal canal through a cisterna puncture it will sink to the point of obstruction and may there be located by means of the

denly to the ground.

It is usually difficult to determine before operation whether a tumor is intramedullary or extramedullary. A valuable differential point is an area of

nervous system is uncommon but may occur from some hidden recess such as the nasopharynx.

A persistent pain for which there is no obvious explanation may be a root pain.

A gradually increasing loss of motion and sensation below a given level may be due to a cord tumor.

Fifty seven per cent of spinal cord tumors are removable, 42 per cent of patients are completely cured by their removal and 25 per cent are benefited. Without operation the disability would of course increase.

Towne, E. B. Laminectomy and Removal of Spinal Cord Tumors under Local Anesthesia. *Calif. J. Surg.* 1926 xlv: 194

microscopic study of twelve experimental nerve

siderable connective tissue reaction. At the end of six months they are permeated by nerve fibers coming from the central fragment of the nerve but neurotization and especially the maturation of myelin is not yet complete.

Schwann's cells in the central and peripheral fragments take an active part in the process of neoformation. And after several months cells analogous to Schwann's cells can be seen in the trans

Heterotransplants always undergo absorption

Ferrotti G. An Experimental Study of Transplantation of Nerves (*Ricerch sperimentali sul trapianto dei nervi*) *Ann ital di chir* 1925 iv 855

In experiments in nerve transplantation performed on dogs Ferrotti found that homotransplants of nerves preserved in alcohol take without any con

To obtain good results in transplantation careful attention to the details of technique is essential

AUDREY G. MORGAN M.D.

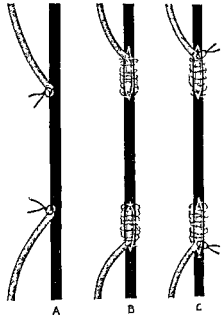


Ballance Sir C Colledge L and Bailey L :  
Further Results of Nerve Anastomosis *Brit*  
*J Surg* 1926 xii 533

The authors report the results of experimental studies of peripheral nerve suture. In some of their

trunks were anastomosed by suture in crosswise fashion

Following double lateral implantation the time required for the recovery of function varied with



Diagrams of the methods employed in double lateral

in a microscopical drawing may not indicate the true functional connections of the nerve fibers. In nerve anastomosis the passage of the needle and suture through the neurilemma only, though theoretically desirable is not essential.

microscopic study of twelve experimental nerve sutures including (1) double lateral anastomosis of the divided external popliteal nerve to the internal popliteal nerve in seven cases of the ulnar to the median nerve in one case and of the median to the ulnar nerve in two cases and (2) crosswise anastomosis of the median and musculospiral nerves in one case and of the internal and external popliteal nerves in one case

WALTER C BURKET M D

Perrotti G An Experimental Study of Transplantation of Nerves (Ricerch sperimentali sul trapianto dei nervi) *Ann Ital di chir* 1925 14 855

In experiments in nerve transplantation performed on dogs Perrotti found that homotransplants of nerves preserved in alcohol take without any con-

siderable connective tissue reaction At the end of six months they are permeated by nerve fibers coming from the central fragment of the nerve but neurotization and especially the maturation of myelin is not yet complete

Schwann's cells in the central and peripheral fragments take an active part in the process of

Heterotransplants always undergo absorption The enclosure of the transplant in a tube of preserved artery is contra indicated as a primary operation at the time of the transplantation but may be tried secondarily if the transplant becomes surrounded by extensive firm adhesions

To obtain good results in transplantation careful attention to the details of technique is essential

AUDREY G MORGAN M D

# SURGERY OF THE CHEST

## CHEST WALL AND BREAST

Walzel Wiesentreu P and Starlinger F Sub

2 An epithelial hyperplasia in which the individual cells are showing signs of beginning malignancy

The investigation reported in this article was made to determine how many of the

changes particularly the precancerous state is found in the center of the fully developed carcinoma is most significant

Cheate Sir G L Desquamative and Dysgenetic Epithelial Hyperplasias in the Breast Their Situation and Characteristics *Brit J Surg* 1926 xiii 509

may not occur invariably Papilloma for instance may be absent and its place taken by a sessile and non papillomatous growth One or more of these stages may be absent in the development of acute carcinoma

may be interrupted at any point as the result of

## TRACHEA LUNGS AND PLEURA

Holman E The Etiology of Postoperative Pulmonary Abscess *Ann Surg* 1926 lxxviii 30  
Postoperative pulmonary suppuration probably

attempt

body in the bronchus to produce an abscess or the embolus to cause

terieres with or completely cut off and thereby lessens the resistance of the tissues to the bacteria

In operations about the mouth the thrombus in the smaller vessels are easily infected Infected emboli may be sucked into the jugular vein by reason of frequent m

## HEART AND PERICARDIUM

Cutler E C The Surgical Aspect of Mitral Stenosis *Arch Surg* 196 111 212

Cutler has found that certain cases of mitral stenosis may be relieved by surgery. The mortality is 80 per cent but this is no higher than that of the first operations performed on the stomach.

In the earlier technique a cardiovalvulotome was used. This is an instrument composed of tub

above and below the shelf of sclerosed valve and as the handle was telescoped the blades were approximated and a segment of the valve was excised. The only difficulty experienced with this instrument in experiments on dogs was its accurate placement against the valve.

The instrument now being used the cardio-  
scopic valvulotome is a modification of the in-  
strument devised by Rhea and Walker and similar  
to a cystoscope. In man the operative technique  
is as follows:

the  
phr  
31r  
then placed in the wall of the left ventricle and  
crossed the myocardium is incised and the car  
diovalvulotomy is inserted

After the withdrawal of the instrument one or two Lambert sutures are used to close the opening in the muscle. Bleeding is prevented by drawing the mattress sutures against each other.

Five clinical cases have been operated upon in this manner. There were no deaths on the operating table and one patient seems to have been somewhat benefited.

HOWARD A. McKNIGHT M.D.

## ESOPHAGUS AND MEDIASTINUM

Jackson C Why Does Not the Thoracic Surgeon  
Cure Cancer of the Oesophagus? *Arch Sg*  
195 xu 116

Notwithstanding the fact that cancer of the thoracic esophagus is a mild lesion which for a long time remains a strictly local process the thoracic surgeon has made little progress in its cure because he never sees the cases at an early stage when a

in the early stages. The history is useless since a cancer of the oesophagus may be present in a patient who has had dysphagia for only a few days and on the other hand some patients give a history of dysphagia for as long as twenty years. Inferential exclusion of cancer would be wrong in both cases. A history of intermittent stoppage of food is supposed to indicate oesophageal spasm but intermittent dysphagia is present in all cases of cancer.

Moreover the bougie may be stopped by a normal fold or a non malignant stenosis it may become bloody from contact with the normal mucosa and it may become fouled by septic lymphoid tissue in the pharynx. Bougienage is an infernal method which at best is late and inconclusive in its findings and may be fatal.

There are only two safe and certain methods for the early diagnosis of oesophageal cancer namely roentgen ray examination and oesophagoscopy.

The cure of cancer of the œsophagus depends

Fisc II C I II u m r i n t f  
St h v l l th u R n t t  
l l l l l A N s l l l

In the author's technique for intrathoracic resection of the esophagus for carcinoma and its implantation into the stomach the thorax is opened by the usual incision in the eighth or ninth intercostal

and these compresses are covered with gauze wet with hot physiological salt solution. If the vagi nerves are adherent to the tumor both are cut.

The next important step is the supradiaphragmatic phrenicotomy advocated by Sauerbruch. The

... the ... makes a good route of access to the œsophagus through the posterior opening in its sheath but is associated with serious danger of tearing of the parietal pleura in its dissection from the vertebrae and ribs.

The authors made a study of the adhesion of the

and severed

The lower portion of the œsophagus is then

1

to detach it while the ... The adhe-

... contact with the œsophagus 4 or 5 cm. above its cut end where it is fastened to the stomach wall by several chromic gut sutures on its sides and posterior wall. A seromuscular flap twice as wide as the diameter of the œsophagus and with its base down ... The ... of the flap must

... which the ... + heal

with stomach

sequences

... and

... of the  
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then  
thorax

... and Motley F. E.  
of the  
Adenoid

carefully sutured to ...  
totomy wound is closed

HOWARD A. MCKNIGHT, M.D.

... death it was made a  
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between  
adenoid

...

bronchial part must be approached ...  
... or from behind by posterior mediasti-

operations. A series of 400 ...  
grams made during the years 1924 and 1925 showed  
that 7 per cent of the children had an enlarged  
thymus. It was possible by this method of ex-  
amination to distinguish the enlarged thymus from  
enlarged tuberculous glands in the mediastinum.  
... found in only 7 per  
cent

... here

was a slight lymphocytosis X ray therapy made no change in the blood count Physical examination was successful in revealing enlargement of the thymus in 25 per cent of the cases in which both methods of examination were used In 1 per cent of the cases treated with the X ray the mediastinal shadow was not reduced and a diagnosis of some other pathological condition was made subsequently

WILLIAM E SHACKLETON M D

### MISCELLANEOUS

Yates J L The Significance of the Vital Capacity in Intrathoracic Therapy *Arch Surg* 19 6 231 237

Estimations of vital capacity are helpful in diagnosis prognosis the determination of the effects of treatment and the measurement of ultimate results because they indicate the effectiveness of the basic function external respiration

For effective treatment of intrathoracic diseases the vital capacity must be kept at the highest level possible under the circumstances by protection of the structures and the activities of the structures that

vital capacity The resistance defense growth and repair of intrathoracic structures and of the organism as a whole are proportional to the vital capacity

Provided the circulatory apparatus is relatively competent compensatory emphysema occurs with internal or external pulmonary deflation collapse and compression whether the latter are developed gradually and spontaneously or provoked abruptly and artificially

Compensatory emphysema is a purposeful biological response to pulmonary deflation collapse and compression which provides margins of safety in external respiration

The breathing apparatus is a passive agent in the production of compensatory emphysema

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The means whereby the active agent the circulatory unit maintains the degrees of inflation in the passive breathing unit essential to external respiration under normal conditions and develops requisite compensatory emphysema to safeguard external respiration in the presence of pulmonary deflation collapse and compression an air cell capillary gear intermeshing with the breathing and circulatory mechanisms

T

I

# SURGERY OF THE ABDOMEN

## ABDOMINAL WALL AND PERITONEUM

Pollosson E and Comte H Chronic Abdominal  
Torsion of the Great Omentum (Torsion ab  
dominale chronique du grand épiploon) *Lyon chir*  
1925 xxi 513

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ial sac  
been  
if D

## GASTRO INTESTINAL TRACT

Klein E Gastric Motility I The Origin and  
Character of Gastric Peristalsis *Arch Surg*  
1926 xii 571  
Klein E Gastric Motility II The Conduction  
of the Gastric Peristaltic Wave *Arch Surg*  
1926 xii 583

The experiments reported were performed on  
dogs. The vagus nerves were divided just as they  
emerged through the diaphragm.

The section was performed as high as possible  
in order to reach a point above that at which the  
branches are given off. Even so later necrosis

the mass was dangerous castration was decided  
and cord were  
the hernia  
abdominal  
Uneventful

The torsion occurred around an upper fixed point  
formed by the insertion of the omentum on the  
colon and a lower fixed point produced by the pa-  
tient's bandage. The upper pedicle was about the  
size of a lead pencil and the lower one about the  
size of a thumb. The hernia was practically cured.

Movements of the abdominal mass were trans-  
mitted to the testicle. The testicle was large and  
heavy and the adherent epiplocele suggested a  
large cord. The abdominal tumor however was

ishment of an independent rhythm  
of the suture line MORRIS H. KARY M.D.

Mazzanti and others (milk bread rice) cause maximal secretion  
 1 + Some food the acid secretion is maximal

secreted by the spleen To determine whether in the investigations previously reported the apparent stimulation of peristalsis was due to the splenic extract or to the methods employed the author performed a series of experiments on dogs and cats and on isolated intestines placed in Ringer's solution sometimes using a splenic extract obtained from the spleen

in the spleen The extracts employed had a normal hydrogen ion concentration When the hydrogen ion concentration was raised above the normal there was a decrease of peristalsis Extracts of spleen which had not begun to autolyse

several days old and processes of autolysis and putrefaction had begun Mazzanti therefore concludes that the action on peristalsis is due to the cholin and histamin produced in the course of putrefaction These organic bases are contained in very small amounts in fresh extracts of organs but increase in quantity as putrefaction progresses

AUDREY G MORGAN M D

Ciminata A G

Ciminata reviews the work of Pawlow Heidenhain and others on gastric secretion and describes in detail the technique of his own experimental work

Pawlows findings are that the percentage of water contained in a given food and the amount of gastric juice secreted after its ingestion Milk and meat which are 84 per cent and 74 per cent water respectively produce the greatest amount of gastric juice Dry bread in which the water content is only 34 per cent produces the least

short time

The acidity of the juice is dependent upon the rapidity of secretion and not upon the kind of food The peptic power of the juice is dependent upon the kind of food it is greatest for bread less for meat and least for milk

The complexity of the secretory process of the stomach is due to an adaptation of the activity of the glands to the quality of the food Most foods contain greater or less amounts of the elements which stimulate secretion The energy with which the glands respond by secretion depends upon the amount of stimulating elements in the food Water stimulates secretion and as a constituent of foods serves to release the chemical stimulating substances mentioned In addition to these chemical

stimuli that the centers for these stimuli do not lie in the brain but in the spinal cord

Acidity is greater or less depending upon whether the secretion is rapid or slow

of mucus or decreased secretion of gastric juice Certainly there is a physiological equilibrium between the secretion of mucus and the secretion of gastric juice A disequilibrium between the two secretions is pathological

properly speaking its elaboration in the gland cells is governed by special nerve fibers which are not the afferent fibers of the vagus

secretion is continuous Ciminata came to the conclusion that it is dependent upon the stimulus of taking food into the stomach

AUDREY G MORGAN M D

4. acidity of juice  
 Some foods (meat potatoes) cause maximal secretion in the first hour after their ingestion while others cause maximal secretion in the second hour



# SURGERY OF THE ABDOMEN

## ABDOMINAL WALL AND PERITONEUM

Pollosson E and Comte H Chronic Abdominal  
Torsion of the Great Omentum (Torsion ab-  
dominale chronique du grand épiploon) *Lyon chir*  
1925 xxi 513

bandage About three months after the  
the authors he began to have increasingly severe

easy liberation of the omental mass in the abdomen  
and solid reconstruction of the wall. About it  
in the case reported liberation of the hernial sac  
from the elements of the cord would have been  
difficult and tedious. *August G. Morris M.D.*

## GASTRO INTESTINAL TRACT

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The experiments reported were performed on  
dogs. The vagus nerves were divided just as they  
passed through the diaphragm.

from seven

the follow

ing hypothesis seems justified. The gastric wave  
starts at a nodal center on the lesser curvature near  
the cardia. The impulse passes down along the  
lesser curvature and as it reaches each point on the  
lesser curvature the entire circular ring at that level  
contracts and the peristaltic wave passes down. At  
the re-entrant angle there is a nodal center for the  
muscular activity of the antrum. Irritating lesions  
on the lesser curvature may cause a persistent con-  
traction of the circular muscle at the level of irri-  
tation. Excision or destruction of a portion of the  
lesser curvature disturbs the orderly conduction and  
beyond that level peristalsis is weakened. The  
impulse reaches the muscle distal to the lesion by  
passing down along the lateral and greater curva-  
ture. A segmental or sleeve resection is followed  
by a complete block in conduction and the esab-  
lishment of an independent rhythm beyond the level  
of the suture line. *MORRIS H. KARY M.D.*

re of a lead pencil and the lower end of the

Hartung believes that the determination of the bleeding time will become a valuable method for the differential diagnosis between gastric ulcer and cancer  
LOENR (Z)

Crohn B B Weiskopf S and Aschner P W  
The Healing of Gastric Ulcers *Arch Int Med*  
1926 xxvii 217

In two cases in which partial gastrectomy was performed for gastric ulcer after a preliminary course of medical treatment had been given the specimens removed showed the ulcers to be in the last stages of healing

the regeneration of the muscularis coat In the acute and recurrent acute types of ulcer healing is generally permanent while in the chronic type the healing process is usually incomplete and there is a

this condition any further administration of alkali is harmful

intestinal tract as an inert substance and does not produce alkalosis After alkalosis has been checked the administration of alkali may be continued with caution  
JOHN A WOLFER M D

Lehmann H Late Results After Gastro Enterotomy in Gastric and Duodenal Ulcer (Ueber Späteregebnisse nach Gastroenterostomie bei ulcerösen Prozessen des Magens und Duodenums)  
*Wien klin Wchnschr* 1925 xxviii 509

Lehmann reports the late results in ninety three cases of gastric and duodenal ulcer in which a

author's opinion indicates that the cause of the trouble was not removed Reports on cases of gastric ulcer treated by resection or gastro enterotomy are more or less momentary pictures of the

In the ninety three cases reviewed by the author a cure resulted from the operation in sixty seven

CYRIL J GLASPEL M D

Gatewood I C The Dangers and Safeguards in the Alkali Treatment of Peptic Ulcer *Illinois M J* 1925 xlviii 491

The administration of large doses of alkali in the treatment of peptic ulcer may precipitate nephritis or alkalosis Patients with nephritis are poor subjects for alkali treatment Frequent studies of the blood

char  
nitro  
usua  
in 8  
treatment was used

Alkalosis may appear even in patients who are not taking alkalies notably those with pyloric or duodenal obstruction This condition is manifested by nausea vomiting and signs of dehydration and in severe cases by  
coma  
and an  
non pro

Balfour D C Fundamental Principles in Surgery of the Stomach and Duodenum Report of 400 Cases *Surg Gynec & Obst* 1926 xlii 167

The author reports upon a series of 400 cases of operation on the stomach and duodenum with an operative mortality of 1 per cent He attributes the

**Boas I The Diagnosis and Treatment of Diseases of the Stomach** (Diagnostik und Therapie der Magenkrankheiten) Ed 9 1925 Leipzig Thieme

Boas excellent handbook has undergone extensive revision and amplification The chapter on

5 When it is doubtful whether the condition is

enterostomy are enumerated Boas regards resection as the procedure of choice The diagnosis

Surgeons will find most interesting the author's views as to the indications for operation For cases

knowledge of none of us can pass the laity also will be more willing to submit to exploratory laparotomy It cannot be too often emphasized that it is the

surgical treatment must be given early In perforation the responsibility for an early diagnosis

sults in isolated cases

Syphilis of the stomach is discussed in great detail

Boas inclines toward radical methods even for benign stenosis of the pylorus and duodenum although experience with resection is still too brief for knowledge regarding the sequelae which may appear later

Boas disapproves of operation for ptosis of the stomach

The last chapter is devoted to gastric neuroses and their treatment

This book is an indispensable aid not only to the internist but also to the surgeon performing operations on the stomach COLMERS (Z)

**Hartung H Investigations on the Bleeding Time in Gastric Ulcer and Cancer** (Untersuchungen ueber Blutungszeit beim Magengeschwuer und Krebs) Beitr z klin Chir 1925 cxxxiv 403

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2 When in spite of systematic treatment and prudent behavior on the part of the patient exhausting hemorrhages occur at brief intervals

3 When the patient's circumstances do not allow his carrying out courses of internal treatment in a systematic manner

4 When in spite of the numerous courses of treatment, continued pain in the stomach particularly at night makes life a burden to the patient and saps his capacity for work or takes away his strength

varies little from the normal

it gives better results but also because on histological examination of resected gastric ulcers an atypical proliferation was found in the margins in 25 per cent

Determinations of the acidity in 100 cases treated by simple anastomosis and 100 cases treated by radical resection showed practically no reduction in the free hydrochloric acid in the former and almost complete absence of free hydrochloric acid in the latter

In the last eighty eight cases operated upon the mortality was 3.3 per cent. The decrease may be ascribed to (1) the use of local anesthesia (2) the use of a stitching instrument by which four rows of silver clips may be introduced in two or three minutes (3) improvement in the technique and (4) better teamwork of the operating team

In the technique now used about two thirds of the stomach are removed the duodenal and gastric ends are closed and the lower end of the gastric

operation failed. As the results were on the whole favorable the author proposes to continue to perform gastro-enterostomy for true cicatricial pyloric stenosis without stoma or callus ulcer and for duodenal ulcer lying too close to the papilla for resection

2 Unilateral exclusion (von Eiselsberg) eight cases. The operation resulted in improvement in 1.4 per cent but failed in 86 per cent. There was one death each from inadequate suturing of the duodenal stump hemorrhage peptic jejunal ulcer and icterus

3 Wedge excision. This was done in four cases of non perforating ulcer. The results were not satisfactory

4 Transverse resection twenty six cases. In eight cases death occurred soon after the operation but as three of these deaths can be ascribed to an epidemic of influenza the author reckons the mortality of the operation as 21 per cent. In two cases a second laparotomy was performed on account of adhesions but no new ulcer was found. In spite of the comparatively unfavorable results obtained in this group of cases the author believes that transverse resection should not be abandoned provided the patient is in good general health. When the general condition is poor he recommends preliminary gastrostomy or duodenostomy

5 Billroth II operation sixty cases mortality 23 per cent. Of thirty four patients examined subsequently a peptic jejunal ulcer was found in only two. The operation resulted in a permanent cure in 78 per cent and failed in 11 per cent. In the re

vicinity of the stomach WILLIAM A. BRAMS, M.D.

Kut ch 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

This report is based on 316 surgically treated cases of ulcer—226 cases of ulcer of the stomach and 90 cases of ulcer of the duodenum. In many of the cases a latent ulcer became active after an attack of influenza

The roentgen ray proved a valuable diagnostic aid. It gave positive findings in 87 per cent of the cases of gastric ulcer and 91 per cent of those of duodenal ulcer. The author points out however that in some instances in which the roentgen findings were positive no ulcer was found at operation. The percentage of erroneous diagnosis is not given. The results of the various operations are summarized as follows

1 Gastro-enterostomy. The operation performed was of the posterior type with a short loop and a loop

th  
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T  
de was due to vicious circle and the other to hemorrhage from the ulcer. A subsequent examination was made of fifty eight patients. No peptic jejunal ulcers were found a fact which the author ascribes to coincidence. In 77 per cent of the cases a lasting cure had been obtained and in 9 per cent there was improvement. In 12 per cent the

case the Billroth II procedure

procedure (blind closure of the remaining gastric sac with implantation of the duodenum in a slit in the anterior wall). In these eight cases there were

and carbon dioxide supplemented by block anesthesia

In the technique of the operation success depends upon adequate exposure mobilization absolute hæmostasis and the carrying out of a complete operation The author invariably uses the suction pump to empty the stomach before completing the operation and has found Devine's method of col lap e useful

Rest of the stomach and upper intestinal tract are of first importance In cases of complicated resection fluids by mouth are withheld for as long as four days Balfour uses the stomach tube freely

by it

Bastedo W A The Case Against Indiscriminate Surgery for Peptic Ulcer *Med J & Rec* 1926 CXXIII 141

The most important surgical complications of

hæmorrhage and perforation following gastro-entrostomy

He believes that malignant change takes place chiefly in the large ulcers of the posterior wall which adhere to the pancreas too firmly and involve too much of the stomach to warrant the risk of their

ment

In conclusion he states that from 50 to 70 per cent of all peptic ulcers will yield to a course of proper and prolonged medical treatment and that only the others should be considered surgical

EARL G GARDNER M D

De Takats G The Surgery of Gastric and Duodenal Ulcers *Am Surg* 1926 LXXIII 217

The author calls attention to the fact that there is considerable difference of opinion as to the method of treating chronic callous ulcer in the absence of definite indications for surgery such as pyloric obstruction acute hæmorrhage or perforation In the clinic of the University of Budapest medical treatment is given in such cases for six weeks but if the symptoms persist or recur surgery is recommended

	of operations per
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resection

Although peptic ulcer rarely recurs after proper

the cases in which the Billroth I operation was performed and in twenty five of those in which the Billroth II operation was performed. The pepsin

duodenum is the lack of peritoneum in this area while the cause of insufficiency of the sutures in the anterior wall of the duodenum is the pull exerted on the site of the anastomosis by the contractions of the stomach on the third or fourth day after the operation.

Old age and cachexia favor cutting through and insufficiency of the sutures. Even Haberer's method does not give absolute security against suture insufficiency when the patient is old and his general condition is poor. On the other hand, the Billroth

In twenty-one cases a second operation was necessitated by the development of a gastrojejunal ulcer. In sixteen cases a gastro enterostomy was done with a mortality of 9.5 per cent. Ten of these

ascribable to suture insufficiency.

With regard to the prevention of recurrence of the ulcer the author states that Haberer's procedure is preferable to the Billroth I method. The question

group was 9 per cent. The total mortality of the secondary operations was therefore 13.2 per cent.

The author comes to the conclusion that radical resection is no more dangerous than gastro enterostomy and is therefore preferable as gastro enterostomy frequently must be followed by a secondary operation.

ROSENBERG (Z)

First " " " "

xxxx 620. *Annals of the New York Academy of Medicine* 1925

The author is

... of the danger of insufficiency of the sutures and primary or secondary stenosis of the duodenum following the operation. For four years the author has been trying to decide primarily from his own experience which method is better. He has found that on the one hand the

The mortality in 146 cases operated upon according to the Billroth I method was 11.6 per cent. In most of the cases the cause of the insufficiency

stomach contents. In the former method a good view of the duodenum may be obtained during the establishment of the anastomosis and there is little danger of the development of an ulcer since the acid stomach contents are already mixed with bile and pancreatic juice.

The author is unable to give a decisive opinion as to the permanent results of resections by the Billroth I method since his use of this method dates back only four years. Up to the present time some of his patients have remained entirely free from

Hook (Z)

Spriggs E I and Marxer O A. Intestinal Diverticula. *Brit Med J* 1926 1 130

toms resembling those of duodenal ulcer. The symptoms can usually be relieved by medical treat

four deaths but in four a permanent cure was obtained. The author reckons the incidence of permanent cure following the typical Billroth I operation as 61 per cent in cases of gastric ulcer and 92 per cent in cases of duodenal ulcer.

7 Closure of perforations forty four cases. In thirty six of these cases the perforation was closed by sutures with or without gastro-enterostomy in

In the past two years the author has not done any

operation to supplement the local anesthesia by

possible

BONN (4)

The Functional Value of Wide

The author has performed 668 resections of the antrum and pylorus for gastric and duodenal ulcer

the last forty four cases more  
in the earlier years. In 2 per cent of the twenty  
Gastro-enteros- tality 68 per cent. In 2 per cent of the twenty  
operation was a

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Therefore in a gastro-enterostomy unilateral pyloric sleeve resection the mortality was 14.4 per cent and the result unsatisfactory in 31.6 per cent.

Resection of the antrum and pylorus decreases the digestive power of the gastric juice and thereby overcomes one of the important causes of ulcer formation. It decreases not only the free acid but also the pepsin. Moreover by the removal of the very active antrum the stomach is quieted and small erosions are given a better opportunity to heal.

Of 360 specimens obtained by radical resection 260 showed multiple ulcers and in sixty there were more than two lesions.

Radical resection for uncomplicated

Of 17 cases in which a radical resection was done in sixty seven Billroth I procedure was done in sixty nine and after the operation in fifty six of

junction of the middle and lower thirds of the poste

Convalescence at first progressed favorably but at the end of three weeks signs of peritonitis developed. Laparotomy was done but the child died at the end of three days.

Autopsy revealed a dilated and hypertrophied colon containing large scybalous masses. The dilatation was limited to the iliac and pelvic colon. The findings were those of acute serofibrinous peritonitis rather than those of acute intestinal obstruction. The author attributes the peritonitis to the effect of the two operations in lowering the child's resistance to the abnormal bacterial decomposition that had always been going on in the intestine.

Jones points out that the deformity described cannot be the result of abnormal fusion of the müllerian cords in the formation of the vagina as has

most frequently begins is affected. In severe

disease is characterized by exacerbations after

colitis, thrombosis and carcinoma superimposed on the ulcers. Subacute or acute perforation of the colonic ulcers may occur. In acute perforation death is practically certain. Weakness the most general complaint is probably due to toxæmia. The symptoms of ulcerative colitis vary according to the site and extent of the lesion. They are more severe the higher the lesion.

But that the lower third of the vagina is developed

WILLIAM J. PICKETT, M.D.

#### LIVER GALL BLADDER PANCREAS AND SPLEEN

Potter, J. C. and Mann, F. C. Pressure Changes in the Biliary Tract. *Am. J. M. Sc.* 1926, clxv, 202.

When treatment has consisted in the hypodermic administration of increasing doses of a vaccine filtrate made from the contents of the gall bladder, the results are less than those obtained by the removal of the gall bladder. When the virulence of the disease or the patient's resistance to it make the condition progressive, ileostomy by the method of Brown is advised. The operation is attended by great risk because only patients in whom the disease is advanced or whose resistance to it is low should be operated on. The method about a rectum is better than any other.

The authors found that the pressure in the biliary tract was quiet and at ease in the desired position. Manometer readings were taken every half minute and in some cases every ten seconds. Records were made on a moving drum. When the effect of food was studied, records

Jones, R. W. Imperforate Anus with Megalocolon and Terminal Peritonitis. *Brit. J. Surg.* 1926, x, 33.

The author reports the case of a child 3 1/2 years of age who had a rectovaginal fistula situated at the



ment In intractable cases surgery may be necessary

Multiple diverticulosis of the colon is common The formation of the small hernia is preceded by irritation or inflammation Diverticulosis is frequently associated with an infective state elsewhere particularly tooth abscesses and arthritic changes in the spine This fact suggests that it may be of infectious origin In the late stages it is a source of sepsis

The only reliable diagnostic procedure is X ray examination In some cases there may be no symptoms for long periods of time Half of the authors cases however presented symptoms referable to the diverticula In nearly every instance these were amenable to medical treatment

JOHN A WOOLSEY I II

Woolsey G The Question of Gastro Enterostomy in Duodenal Ulcers *Surg Gynec & Obst* 1926 xli 90

Douglas J The Surgical Treatment of Gastric and Duodenal Ulcer *Surg Gynec & Obst* 1926 xli 106

WOOLSEY reports the late results in a series of sixty cases of duodenal ulcer treated by gastro enterostomy The outcome was satisfactory in 90 per cent which is approximately the same percentage of good results as that obtained by British and

I EDWARD BERNKOW M D  
Eusterman C B Treatment Following Operation for Ulcer of the Duodenum and Stomach  
*Surg Gynec & Obst* 1926 xli 161

the minimum Pre operative factors improving surgical end results in cases of benign gastroduodenal lesions are the proper selection of the cases from both a general and a special standpoint and complete examination of the patient It is predicted that increasing knowledge concerning physiologic mode

the use of proper diet and etc immediately after operation for at least six weeks and in certain types of cases for a longer period rests on sound experimental and clinical

cases and as a rule is not serious Gastric acidity is

ulcer gastro-enteric hemorrhage may be produced by the abuse of alcoholic drinks or unusual exertion

Logan A H Idiopathic Ulcerative Colitis with Special Reference to the Etiology and Treatment *Illinois M J*, 1926 xli 111

juncture of the middle and lower thirds of the poste

both abscesses and infected tonsils and complete remission of the disease has been obtained only when

Convalescence at first progressed favorably but at the end of three weeks signs of peritonitis developed. Laparotomy was done but the child died at the end of three days.

Autopsy revealed a dilated and hypertrophied colon containing large scybalous masses. The dilatation was limited to the iliac and pelvic colon. The findings were those of acute serofibrinous peritonitis rather than those of acute intestinal obstruction. The author attributes the peritonitis to the effect of the two operations in lowering the child's resistance to the abnormal bacterial decomposition that had always been going on in the intestine.

Jones points out that the deformity described cannot be the result of abnormal fusion of the Muellerian cords in the formation of the vagina as has been suggested but states that this would explain

cases the entire colon may be affected in a few weeks. The proctoscope and roentgen rays are of great value in the diagnosis.

Myocarditis, thrombosis, and carcinoma superimposed on the ulcers. Subacute or acute perforation of the colonic ulcers may occur. In acute perforation death is practically certain. Weakness, the most general complaint, is probably due to toxæmia.

The symptoms of ulcerative colitis vary according to the site and extent of the lesion. They are more severe the higher the lesion is situated.

LIVER GALL BLADDER PANCREAS AND  
SPLEEN

Potter J C and Mann F C Pressure Changes  
in the Biliary Tract *Am J V Sc* 1926 clxxi  
202

T

discovery of Bergen's diplococcus the main treatment has consisted in the hypodermic administration of increasing doses of a vaccine filtrate made from a culture of the organism in a solution of glass of menta as need less the every c When i resistar. w it make the condition progressive deostomy by the method of Brown is advised The operation is attended by great risk because only patients in whom the disease is advanced or whose resistance to the vaccine is low should be operated on. The metho about a remu than any oth

the animal and it trained to be quietly and at ease in the desired position. Manometer readings were taken every half minute and in some cases every ten seconds. Records were made on a moving drum. When the effect of food was studied records

Jones R W Imperforate Anus with Megalocolon  
and Terminal Peritonitis *Br J Surg* 196  
xlii 55

The author reports the case of a child 3½ years of age who had a rectovaginal fistula situated at the

was 141 mm in the gall bladder and 117 mm in the duct. The biliary pressure was least when the animal was fasting and greater after the ingestion of milk than after the ingestion of dog biscuit. The pressure in the gall bladder was greater than that in the duct.

The curves of pressure in the common duct

the pressure in the common duct was less than that in the gall bladder and greater than that in the duodenum.

fasting periods

Ischiyama F. Experimental Investigations on the Emptying of the Bile into the Duodenum from the Gall Bladder and Especially Regarding the

Fukuoka 1925 x 61

denum he then performed a gastro-enterostomy and isolated the pylorus using the method of Miyak in order as much as possible to prevent disturbance of the nerve and vessel supply.

On fluoroscopic examination the gall bladder showed movements which may have been peristaltic or the squashing effect of rhythmic constrictions. Barium was ejected from the neck in spurts ap

tion. Atropine and scopolamine decreased or entirely stopped the flow of bile. This effect was more marked when a preceding dose of pilocarpine had increased the flow.

Adrenalin nearly always decreased the bile flow but occasionally increased it.

secretion  
ely how  
that the

it is due is nearly always liver bile. Hence it may be assumed that nicotine decreases the internal pressure in the bile passages.

Morphine caused a very slight increase in the

temperature is 38 degrees. In temperatures over 40 degrees and under 36 degrees the gall bladder relaxes very markedly. The supplying of oxygen to the nutrient fluid is of the greatest importance.

The drugs used to produce narcosis for cholecystectomy (morphine, chloroform and ether) have no noteworthy influence upon the movements of the gall bladder.

Platocarpine and physostigmine cause a noticeable increase in the muscular tone of the gall bladder and at the same time decrease the amplitude of the contractions.

Muscarnine increases the muscular tonus only slightly and weakens the movements to a much greater degree.

The effect of atropine on the gall bladder is rather complicated. By small and large doses the movements are checked and by medium doses they are stimulated.

From these findings in dogs with fistula and on extirpated but still vital gall bladders the following conclusions are drawn:

1. For the flow of bile into the duodenum in

to the dosage. This shows no relationship.

3. Nicotine stimulates the contractions to a slight degree.

4. Barium chloride causes a strong recovery of muscle tonus and contractions even when they have been paralyzed by atropine. When it is given in large doses it causes tetanic contractions.

5. Secretin stimulates the secretion of both hepatic and cystic bile and in the extirpated gall bladder increases the tonus. The effect is milder than that of peptone.

6. The gall bladder contains a hormone a choline like substance which it excretes into the nutrient solution. In the presence of this hormone or of pure choline the effect of adrenalin is changed. The relation between the dosage of the two substances is not clear. In the gall bladder which has been completely freed from its serosa adrenalin completely inhibits movement.

The action of adrenalin on the serosa free gall bladder is very complicated.

8. The gall bladder includes a rich supply of ganglion cells. Presumably these constitute the

more in the gall bladder since the atropine effect is variable even when the organ has been freed of serosa. However since the structure of the gall bladder is very complicated it may be assumed also that paralysis of one part of the musculature produces contractions in another part. The serosa is apparently of great importance to the transit of the hormone.

The article contains numerous curves and tables and a review of the literature. COLMERS (Z)

Wallace S. A. and Spiro A. Traumatic Rupture of the Hepatic Duct. *Brit J Surg* 1926 xiii 582

The authors report the case of a man who was

showed marked improvement. On the second day slight jaundice appeared and gradually became deeper. The stools then became clay colored and bile appeared in the urine. On the seventh day there was evidence of peritonitis with involvement of the diaphragm.

Operation revealed in the peritoneal cavity 3 pts of fluid containing blood and bile. Death occurred during the operation. Postmortem examination

operative risk. The best prognosis is offered by early repair of the injury if this is possible.

WILLIAM J. PICKETT, M.D.

Wolfer J. A. Some Practical Points in the Diagnosis and Treatment of Acute Pancreatitis. *Illinois M J* 1926 xlix 14

In Wolfer's opinion infection of the pancreas occurs more frequently than is commonly believed. The subacute and even the acute type is usually mistaken for gall bladder or appendix disease because of the acute dyspeptic nature of the symp-

toms It is believed that since disease of the pancreas frequently follows infection of the gall bladder or appendix the correct diagnosis is not often made at operation the symptoms being attributed to the pathological changes in the gall bladder and appendix

There is one type of pancreatitis which not in

becomes involved and the abdomen is open it is necessary to drain either the pancreas or the peripancreatic space

ease

3 In most of the cases recovery results without surgical interference insofar as the pancreas is concerned

5 In many instances the diagnosis of acute pancreatitis can be made only at operation from the observance of fat necrosis and exploration of the pancreas

6 The pancreas should be explored more frequently in operations for cholecystitis or appendicitis and in the cases of persons who have complained of frequent attacks of acute dyspepsia

7 Drainage of the pancreas or peripancreatic tissue in acute pancreatitis will often result in recovery

reported

When recurrent infection of the pancreas is suspected the prompt removal of infective foci within the abdomen is indicated When the pancreas once

# GYNECOLOGY

## UTERUS

Ford F A A Comparative Study of Radiation and Surgical Treatment for Fibromyomata of the Uterus *Surg Gynec & Obst* 1936 xlii 245

This article is based upon 594 unselected cases of fibromyoma of the uterus some of which were treated by operation and others by radiotherapy. A relatively high percentage of the latter group have required further treatment either repeated radiation (18 per cent) or operation (13.7 per cent) whereas only 4 per cent of the surgical group have received further treatment. It is true however that particularly after roentgen ray treatment

reluctant pelvic tumor is best removed by operation because of the impossibility of excluding adnexal disease.

Patients developed malignant disease within two years after the treatment although that in one case may be considered a recurrence of the epithelioma in the abdominal wall at the time of radiation. Malignancy developed also in four patients who remained free from symptoms for three years following the treatment. This may not be a higher incidence than that of malignant pelvic disease in all women at the same age (1.1 per cent) but it

is in order that more data relative to this subject

will be available. In the cases reviewed there was one death a mortality of 0.9 per cent following the application of a small amount of radium. There were also two surgical deaths constituting a mortality of 0.8 per cent but one of these must be attributed to the primary operation the removal of a ruptured appendix.

Miller C J Conservation of the Uterus in the Surgery of Fibroids *South M J* 1926 xiv 10

Myomectomy is possible in from 12 to 14 per cent of cases of uterine fibroids.

It is contra indicated for multiple large growths degenerating growths and fibroids with associated adnexal disease.

It is always indicated when it can be done in the cases of women under 40 years of age.

From 85 to 90 per cent of women subjected to myomectomy menstruate normally after the operation and in the cases of those who do not or in whom the growths recur a second operation can usually be avoided by radiation.

After myomectomy from 28 to 30 per cent of women conceive.

The most satisfactory results are obtained in cases of single subperitoneal or interstitial growths but multiple growths of all types may be safely removed provided a careful technique is used and perfect haemostasis is secured.

The abdominal route is the most satisfactory. The best time for the operation is immediately after a menstrual period.

Schroeder R Ovarian Changes in the Presence of Hydatid Mole (Die Ovarialveraenderungen bei Blasenmole) *Arch f Gynaek* 1925 cxiv 654

Following a review of the literature on the occurrence of cystic ovarian tumors in cases of hydatid mole the author reports another case with special consideration of its relationship to the commonly observed picture of hydatid mole and the formation of lutein cysts of the ovary. The patient was a 30 year old woman whose last menstrual period occurred three and one third months previously and was preceded by amenorrhoea for about five and a half months. Examination revealed in the pouch of Douglas behind the gravid uterus a cystic and almost immovable tumor the size of a fist. On the appearance of symptoms indicating incarceration of the tumor a laparotomy was performed. This revealed a polycystic pseudomucous tumor extending

out of the pouch of Douglas to the right of the uterus  
of the left

## ADNEXAL AND PERIUTERINE CONDITIONS

Forgue and Crousse Broad Ligament Inclusions  
(De l'inclusion intraligamentaire) *Gynec et obst*  
1925 et 1927

ment

peritoneum It is dependent upon the

gressive stages of a corpus luteum now  
missing

These ovaries differed from the normal ovaries of  
pregnancy chiefly in the fact that the influence  
which in the normal ovary restricts the ripening of

distorting the bladder thus connection the ascent of the bladder and  
the

ties to the surgeon especially in the case of a  
cystoma and potentially malignant When the tend  
ency to lateral development is great extension  
occurs along the hypogastric vessel toward the  
tension posteriorly is soon blocked

stimulated

Another peculiarity is the ovary is the trans  
formation of the follicles into the corpus luteum

some cases surrounding and en  
serous peritoneum from the wall of these struc

younger

growth had been relatively recent

The stimulus to the lutein change was believed  
to be in the tumorous and therefore abnormally  
functioning trophoblast the hydatid mole

viscera the surgeon should be aware of the  
placement of the ureters the upward displacement  
the distortion of the rectum and  
of  
by

In the case of fibrous tumors primary in the broad ligament, the uterus is pushed over but not distorted the uterine artery is pushed downward and com

cose vein or a tubal pregnancy or of operation. The natural tenacity of the layers of the ligament opposes the bleeding. Intraperitoneal rupture may follow.

Parasitic cysts of the broad ligament are probably always the result of the direct migration of parasites from the bowel. A correct diagnosis is rare. Echinococcus invasion is fatal. Operation should be performed by the abdominal route.

found beneath the tumor. The lower angle of the bladder may be pushed up and lie on the anterior surface of the tumor.

They arise more frequently near the base of the

They arise more frequently near the base of the

truding on the vagina. Tumors originating in the bases of the broad ligaments are apt to be more vascular than those of the ovary.

relation to the uterus. sounding the uterus draw

abdomen are elevation of the cervix and elevation

pendent of the ovary has been proved in only a very few cases.

Tumors of the broad ligament occur interstitially posteriorly. They are generally of moderate size and nearly always unilocular with smooth thin walls and serous contents. They usually originate high in the broad ligament.

Several factors have contributed toward the improvement of the surgical treatment of these conditions. The

may occur following torsion or trauma and rarely without any apparent cause. Mucoid cysts occurring in the broad ligaments are as a rule of ovarian origin but occasionally are independent.

Tumors of the broad ligament may occur following torsion or trauma and rarely without any apparent cause. Mucoid cysts occurring in the broad ligaments are as a rule of ovarian origin but occasionally are independent.

result of subperitoneal rupture of the uterus a vari

any of the above conditions of the bladder. Careful inspection should be made to distinguish true from false inclusions. Careful and complete palpation should be done. A cyst may be punctured if necessary. Pseudo inclusions should be gently freed and

posterior extension

When removal appears difficult an initial hysterectomy may be indicated as opening the best route



of approach. This will allow removal of the growth from below upward, simplify the discovery of a plane of cleavage, allow early and complete hæmostasis, and facilitate peritonization. In some cases simple enucleation will suffice.

When the peritoneal incisions are made over the tumor the blood supply must be taken into account. The region of the tube generally contains large vessels. Where the extension is posterior beneath the mesenteries the incision should roughly parallel the loop of bowel at some distance from it in such a manner as to allow control of the vessels. The

which the true plane of cleavage is found at some depth. Blunt dissection with the fingers or gauze is best. A goiter probe may be of value. It may be

wise to empty part of a cyst and introduce the finger or to use Doyen forceps on the freed portion of a fibrous tumor.

Hæmorrhage is more liable to complicate the removal of fibromata than the removal of thick-walled cysts. In its prevention it is important to find the true plane of cleavage and to determine in advance the true vascular pedicles, particularly the utero-ovarian pedicles which may be difficult to find. It is wiser to remove the uterus at the start, insuring hæmostasis, than to do so after hæmostasis becomes impossible by other methods. The different dis-

## OBSTETRICS

## PREGNANCY AND ITS COMPLICATIONS

Butt, 1000 ft. 1000 ft. 1000 ft. 1000 ft.

The author's experiments were carried out to determine whether the increased tissue fluid present in normal and hydropic pregnant women can be demonstrated by a change of posture and the use of a scale similar to the Mosso scale. The scale used

about 14 gm of tissue fluid from the lower to the upper half of the body within a period of an hour. In the cases of twenty-seven hydropic pregnant women an average of 346 gm of fluid had shifted after one hour and an average of 837 gm after two hours.

In the cases of non pregnant women no shifting of the tissue fluid was demonstrable. In the cases of non hydropic pregnant women the average weight of the shifting fluid increased with the progress of the pregnancy.

The dispersion of the tissue fluid ceases within the first one and a quarter hours. This shifting

head is dependent upon the severity of the hydrops

The dispersion of blood toward the head as described by Fick also occurs during the change from the upright to the horizontal position but equilibrium is re established within five minutes. The dispersion of blood increases with the progress of the pregnancy.

The scale is a useful aid in differentiating hydropic from the non hydropic pregnancy in cases in which there is an increase in weight of more than 250 gm.

SCHMIDT (G)

Hofbauer J and Gelling E M K. Studies on the Experimental Production of Premature Separation of the Placenta: A Preliminary Communication. *Bull Johns Hopkins Hosp* Balt 19 6 xxxviii 143

From experiments in which they injected histamine intravenously or intracardially into guinea pigs and cats the authors conclude that premature separation of the placenta may be due to the sudden access of histamine to the circulation of the mother.

ROLAND S. CROY, M.D.

ROLAND S. CROYN, M.D.

Wagner G A Deaths Due to Heart Failure in Pregnancy and Labor (Herztode bei Schwangeren und Gebarenden) *Med Klin* 1025 33 1107

It is difficult to understand how in contrast to the pessimists who report mortality rates of 39 to 8, per cent from heart failure during pregnancy others report a mortality of 0 to only 2 per cent. Experience at the Gynecological Clinic at Prague has shown that heart disease is a serious condition. For a true realization of the seriousness of a cardiac defect in pregnancy, it is necessary to study the severe cases as was done by Freund. One who has only a small series of cases is not in a position to discuss the subject.

In the period from 1917 to 1925 in the Prague Gynecological Clinic heart disease was found in

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

blood pressure and the intra abdominal pressure rise abruptly with every pain and the act of expulsion affects the position of the thorax and the diaphragm

Additional dangers threaten the patient with heart disease during the puerperium—not from hemorrhage due to atony as is so often claimed—but from the variation in the pressure due to the evacuation of the abdominal cavity and the consequent dispersion of large amounts of blood into the splanchnic area. Frey regards this as the chief danger of the entire pregnancy and labor. There-

de  
mi  
na  
who died seven had mitral stenosis alone

The unfavorable influence of a congenitally narrow aorta may also be very great. Of chief importance however is the condition of the heart muscle (Frey Fromme, Kautsky and von Jaschke). Therefore in judging the danger to which a woman with heart disease may be subjected during preg-

en dying during pregnancy or the puerperium was confirmed in the study here reported as this condition was found in all of those dying from valvular defects. Less marked cardiac defects may end fatally when they are aggravated by some other condition such as nephritis, pneumonia, or lues.

In order to give better advice and protection in individual cases it is more important to keep in mind the unfavorable complications that may be

No attempt is made to feed solids by mouth but the patient is urged to drink fluids even if she is vomiting freely. She is allowed any liquid she may fancy except tea, coffee, milk and cocoa.

This treatment usually results in such marked

Stolper L. Appendicitis and Pregnancy (Appendicitis und Gravidit t). *Wien med Wochenschr* 1925 LXXV 1370 2334

pregnancy

E. L. CORNELL M.D.

and Polypeptid

diagnosis and operation performed as soon as indicated.

5. Appendicitis as a complication of pregnancy must be borne in mind on account of the difficulty of its diagnosis.

6. In some cases of repeated abortion the interruption of pregnancy may be explained by a com-

SCHMID (C)

The U of

of th 11 54

ing the first days of the puerperium. The increase in the polypeptides was especially marked. It is evident that this increase is caused by the resorption which occurs during puerperal involution, since a similar increase is found regularly during the resorption of

sent remained unchanged. Even though these investigations confirmed the findings of Huebner and Strauss regarding the increase in the polypeptide content of the blood during the toxæmia of pregnancy, the relationship between this increase and the rise in the blood pressure remains obscure since

and the edema fluid even more polypeptides than are present in the blood and that after the phlebectomy these are returned to the blood stream.

The question as to whether the accumulation of higher protein cleavage products in the blood and tissues is the cause or the result of eclampsia cannot yet be answered. SCHLOSSMANN (Z)

Mossy R D. Observations on the Treatment of the Edema of the Toxæmia of Pregnancy with Ammonium Chloride. *Am J Obst & Gynec* 1926 xi 222

The excessive increase in weight in cases of toxæmia of pregnancy is due usually to the retention of fluid in the tissues. This retention is not always

The increased excretion of urine and decrease in the edema with resulting loss of weight probably

questionably shortened and in all probability more severe residual nephritis was prevented.

The resemblance

calyces from continued pressure plugs and mucus are usually present. Drainage with lavage of the renal pelvis is indicated. Hexamethylenamine may be beneficial.

Dorsett L. The Intramuscular Injection of Magnesium Sulphate for the Control of Convulsions in Eclampsia. *1st J Obst & Gynaec* 1926 xi 227

The intramuscular injection of a 25 per cent magnesium sulphate solution in 15 ccm doses will control the convulsions of eclampsia. Fifteen cubic centimeters as an initial dose is not toxic.

This method of treatment not only relaxes the patient but decreases the intracranial pressure by relieving the cerebral edema, stimulates diuresis

L I CORNELL M D

Butler P F. Pyelitis in Pregnancy. *Am J Rec Genol* 1926 xv 144

This article is largely a presentation of the injection method for the study of pyelitis in pregnancy. A brief consideration of the incidence of the condition, the infecting agents, the symptoms and the treatment is followed by more detailed discussion of the technique and the value of pyelography and ureterography as practiced routinely by the author for about two years. The method described is regarded as especially adapted to the pyelitis of pregnancy because it consists in drainage and lavage accomplished at the same time that the diagnostic study is made. It gives far more accurate information than can be obtained from urine examinations alone and demonstrates not only the presence of pathological changes but often the anatomical extent of the lesion.

As a result of such study the author divides cases of pyelitis into three anatomical types: (1) those

calyces from continued infection and increased pressure and (3) those with true destruction of the kidney substance.

calyces from continued pressure plugs and mucus are usually present. Drainage with lavage of the renal pelvis is indicated. Hexamethylenamine may be beneficial.

sta  
the

ing later demand careful investigation and early treatment

3 The treatment is very simple and effective catheterization alone is usually sufficient

4 A careful prenatal study of cases will disclose the condition early

5 Co operation between the roentgenologist and urologist reveals the entire picture

ADOLPH HARTUNG M D

### LABOR AND ITS COMPLICATIONS

Williamson H C The Application of the Forceps to the Transverse Head for Delivery of Persistent Occipitoposterior Cases *Am J Obst & Gynec* 1925 xxx 37

takes place spontaneously in most cases and in the others very easily Rotation should always be complete before traction is made

Extraction is the same as in any other anterior head position

One hundred forceps cases treated by this technique are reported

E L CORVELL M D

Bell B The Technique of Suture of the Uterus After Caesarean Section *J Obst & Gynec Br I Emp* 1925 xxxii 727

Bell is ever striving to find a better method of closing the caesarean incision In this article he describes by text and drawing a procedure that

uterine wound

The second stage consists in the closure of the middle and superficial parts of the musculature of the incised uterus This is accomplished by utilizing for a further series of more superficial mattress su-

tures the long ends of catgut left after the first layer of mattress sutures has been tied In this way all of the divided musculature is brought together to

adhesions and produces a firm strong uterine scar  
HARVEY B MATTHEWS M D

Stoeckel W The Pathology and Treatment of Postpartum Haemorrhage (Pathologie und Therapie der Nachgeburtsblutungen) *Arch f Gyn* 1925 xxxv 1

haemorrhage in normal and pathological conditions The coagulation of the blood also requires further study

eries

Evidences of placental separation the management of the third stage of labor fatalities due to haemorrhage due to uterine atony the treatment of the pathological third stage of labor severe post partum haemorrhage palpation and manual separation of the placenta and the management of the normal third stage of labor are discussed It is therefore clear that in a short abstract not even a cursory review can be made of such a mass of material

grossa layer in two tables reference is made frequency of placenta accreta or separation of the adherent placenta and as a result there is the placenta  
the placenta  
is the  
above a  
the fre  
is very

rare

The methods of compressing the aorta and the engorgement of the placenta according to the Mojon Gabaston method are described in detail

Stoeckel's statements regarding manual separation

From 1922 to 1931 the tests were made in 994 cases. The results of the precipitation test were the same for the blood from the arm vein and the retroplacental blood but this was not the case with the Wassermann test which in the retroplacental blood in 3.7 per cent of the cases was inhibited by non specific disturbances. Consequently the Wasser-

very brief

This paper by Stoeckel is the first exhaustive presentation of the normal and pathological third stage of labor since the work of Ahlfeld.

SCHMID (G)

### MISCELLANEOUS

Knebel D. 72. D. 6. — 5.

1302

Serological tests for syphilis were carried out systematically on all of the patients admitted to the hospital.

tion of it are positive

placental blood but as it soon became evident that in the retroplacental blood this test was inhibited by numerous non specific factors the Meinicke precipitation test the Sachs Georgi test the Hohn test and the Wassermann test were thereafter made simultaneously.

In cases of this type it might be wise to remove the diseased kidney after the birth of the infant

The main points made in the article are summarized

ing later demand careful investigation and early treatment

3 The treatment is very simple and effective catheterization alone is usually sufficient

4 A careful prenatal study of cases will disclose the condition early

5 Co-operation between the roentgenologist and urologist reveals the entire picture

ADOLPH HARTUNG M.D.

### LABOR AND ITS COMPLICATIONS

Williamson H. C. The Application of the Forceps to the Transverse Head for Delivery of Persistent Occipitoposterior Cases. *Am J Obst & Gyn* 1926 x 37

takes place spontaneously in most cases and in the others very easily. Rotation should always be complete before traction is made

Extraction is the same as in any other anterior head position

One hundred forceps cases treated by this technique are reported

E. L. CORVELL M.D.

Bell B. The Technique of Suture of the Uterus After Cesarean Section. *J Obst & Gynec Br I Emp* 1925 xxix 727

Bell is ever striving to find a better method of closing the cesarean incision. In this article he describes by text and drawing a procedure that apparently has some very definite advantages over

adhesions and produces a firm strong uterine scar

HARVEY B. MATTHEWS M.D.

Stoeckel W. The Pathology and Treatment of Postpartum Hemorrhage (Pathologie und Therapie der Nachgeburtsblutungen). *Arch f Gyna k* 1925 cxxx 1

study

Stoeckel was able to collect a vast amount of data regarding the normal and pathological third stage of labor by means of questionnaires which he sent to the leading obstetricians of Germany Austria Hungary Switzerland and the Scandinavian countries. Eighty three replies reviewed 6,487 deliveries

Evidences of placental separation the management

therefore clear that in a short abstract summary review can be made of such a mass of material

uterine wound

in the closure of the

frequency of the true placenta accreta is rare

The methods of compressing the cord and the engorgement of the placenta according to the Mojon Gabaston method are described in detail

firm adhesion of the placenta to the uterine wall is very

parallel with the spinal column that the kidneys occupy a median position almost in contact with

its ureter is implanted higher He believes that in

unites the two kidneys is visible

In the first case reported by the author fluoroscopic examination with the patient in the erect position with dorsoventral projection showed far down the shadow of a renal calculus which moved from above downward during respiration and from within to

Sears W G Congenital Cystic Disease of the Kidneys Liver and Pancreas *Guy's Hosp Rep* Lond 1926 lxxvi 31

The author reports a case of congenital cystic disease of the kidneys associated with cysts in the

in the toward the midline **AUDREY G MORGAN M D**

**Bianchetti C F** Hydronephrosis in a Solitary Horseshoe Kidney on the Right Side Heminephrectomy Recovery (Idronefrosi destra in rene unico a ferro di cavallo eminefrectomia guarigione) *Arch ital di urol* 1925 ii 57

The case of hydronephrosis was had a recent white tumor was smooth and fluctuant No pedicel could be felt Examination of the urine was negative the dilu-

or six times a day

On physical examination the heart and lungs were found normal The liver extended 1 in above the umbilicus and its surface was slightly irregular A large tumor in the left loin was identified as the left kidney An enlarged right kidney was also made out The Wassermann test was negative and the blood count had no abnormality urea was thin urine which contained albumin bacteria but no sugar or casts The daily output of urine was 30 oz

The patient gradually became weaker and mentally confused Just before his death uræmic twinges occurred

At autopsy the liver was found to be enlarged

portions of the liver between the cysts were normal Small cysts were found also on the surface and within the interior of the pancreas None of these was larger than a large nut

and a lumbar incision was made The right kidney was found hydronephrotic and on dissection its lower pole was found connected by a broad isthmus with the lower pole of the opposite kidney The right kidney was resected and the wound partially closed Uneventful recovery followed

The horseshoe kidney seems to be more predisposed to develop hydronephrosis because

young infant and (2) in the adult over 40 years of age As it may occur in



# GENITO-URINARY SURGERY

## ADRENAL KIDNEY AND URETER

Richards A N The Function of the Kidney

Tests in  
Colorado

adjusted to the excretory needs of the body is

glomerulus

catheterization and X ray examination showed no stones but some form of obstruction of the vesical neck and varying amounts of residual urine

The theory is advanced that the attacks of colic were due to regurgitation of urine in the ureters caused by the obstruction at the bladder neck. The occurrence of regurgitation was not proved by cysto ureterograms but the symptoms were promptly and entirely relieved by dilatation of the neck of the bladder

HENRY L SANFORD M D

Nichols B H Pathological Conditions of the Kidney Considered Roentgenologically *South M J* 1926 217 6

and calyces

may mean compensatory hypertrophy for a pathological small kidney. Variations in the shape of the kidney are produced by tumors hydronephrosis and anomalies. A movable kidney can be readily determined by comparing pictures made with the patient in the reclining and upright positions. The density of the renal shadow may be changed by calculi calcification associated with tuberculosis

Possari A The Roentgen Picture of Fused Kidney  
(Il rene fu o nel quadro radiologico) *Arch ital di ur* 1925 11 3

JOHN C CHEETHAM M D

Lewis B Urinary Regurgitation and Renal Colic  
*J Urol* 1926 27 189

The author reports a series of cases in which there was a history of typical attacks of renal colic suggesting the passing of a ureteral calculus. Ureteral

typical  
of  
in

has  
the  
the  
are

Hager B H A Contribution to the Etiology of  
Calcareous Pyelonephritis *J Urol* 1926 xv  
133

Deposition of the alkaline inorganic  
salts in the renal pelvis and calyces is similar to that  
of the production of encrusted cystitis with free  
floating stones in the bladder by the action of salmo-

produced experimentally in animals The mech-  
anism by which calcareous deposits and free cal-  
careous masses are formed in the bladder is similar  
to that of the formation of renal calculi in certain

supernumerary penis complete epispadias  
and calcareous pyelonephritis in which the salmo-  
nella ammoniae bacteria were isolated and the finding  
agreed with the chemical and experimental data  
obtained in a study of alkaline encrusted cystitis  
He believes that in this case the patient was suffer-  
ing from pyelonephritis prior to his infection by the  
salmonella ammoniae bacteria

Whether the bacteria make their ascent through  
the lumen of the ureter or by way of the ureteral or  
perineureteral lymphatics cannot be stated

C TRAVERS STEPIA M D

Kilbane E F Ectopic Ureteral Openings Sur-  
gical Significance and Treatment *Surg Gynec*  
& *Obst* 1926 xlii 32

Kilbane reports two cases of supernumerary  
ureter with an ectopic opening and reviews the  
cases that have been reported in the literature With  
reference to the malformation

opens through  
duct only  
openings into the urethra or vagina or  
on the external genitals These anomalies con-  
stitute a difference  
surgically the  
format is that  
able is that  
wolfian duct  
of which dis-  
separate in relation into the developing kidney

blastema This theory explains the formation of a  
complete ureteral duplication but does not explain  
an incomplete duplication The development of an  
anomaly of the latter type may be explained by  
precocious branching of the original evagination  
before the distal ends become embedded in the  
nephrogenic tissue the point of juncture of the two  
ureters depending upon the period of embryonic  
development at which the division of the ureteral

normal amounts in response to the normal impulse  
of a filled bladder and with complete relief on com-  
pletion of the act

The history alone should lead to a diagnosis but  
apparently the condition is unrecognized for years  
In most instances the patient is greatly humiliated  
by the deformity and subjected to very definite  
social and economic handicaps

In the male the condition usually remains unrec-  
ognized unless the existing hydronephrosis is com-  
plicated by infection when fever pain and swelling  
occur

Only two cases have been diagnosed during life  
In one of these the condition was recognized by  
Chute during operation and in the other was diag-  
nosed by Day before operation

In the author's first case the supernumerary ureter  
opened near the external urinary meatus and the

ureter

LOUIS GROSS M D

Simons I Ureteral kinks *J Urol* 1926 xv 29  
Livermore G R Ureteral Stricture *J Urol*  
1926 xv 45

Hunner G L and Wharton L R The Patho-  
logical Findings in Cases Clinically Diagnosed  
as Ureteral Stricture *J Urol* 1926 xv 57

SIMONS states that in cases in which a ureteral  
kink is suspected the X-ray examination should  
include

1 A picture of the entire abdomen and pelvis  
with both roentgenographic catheters inserted to  
the renal pelvis and without the injection of opaque  
fluid into either catheter

2 A picture of the entire abdomen and pelvis  
with the upper urinary tract of one or both sides  
injected from below the catheter tips being in the  
renal pelves

3 A picture of the entire abdomen and pelvis  
with the upper urinary tract of one or both sides  
injected from below with the catheter tips being in  
the pelvic portion of the ureters

and other abnormalities such as meningocele hydrocephalus polydactylism club foot etc These associated abnormalities are less commonly found in adults than in infants possibly because their pres

of the urinary tract caused by stones new growths or strictures

The condition may be acute or chronic The infection is practically always carried through the blood stream

symptoms

2 The stage of renal tumor This stage may be

kidney pelvis preferably with a 1 or 2 per cent silver nitrate solution is indicated from one to ten lavages may be required In the cases of children considerable attention must be paid to the gastro-intestinal tract

Although alkalies have no specific action their use plus the intake of large amounts of water is very valuable

MAURICE MELTZER MD

Scott W J and Leonard V Hexylresorcinol in the Treatment of Pyelitis of Infancy and of Childhood *Am J Dis Child* 1926 XXX 231

Hexylresorcinol is a stable chemical compound

Hundley J M Jr Pyelitis in the Female Analysis of Cases *J Am Med Ass* 1926 LXXX 603

The author defines pyelitis as an inflammation of the mucous membrane of the pelvis and calyces of the kidney In pyelonephritis the process is more advanced and in addition there is an infection of the renal parenchyma Both conditions are usually

17 of 140  
15 was the  
16 to grow  
nt of cases

reduced

Sodium bicarbonate with water should not be given in conjunction with hexylresorcinol but may be administered in alternating courses The treatment should be given for three or four months and should be continued for one or two weeks after the urine has become sterile

The authors report several cases in which the general condition improved before the urine showed sterile Certain resistant

evidence of renal insufficiency or marked urinary infection

In cases of periurethral abscess the abscess should be drained and internal urethrotomy performed

later

The danger of hæmorrhage in internal urethrotomy has been exaggerated. The results of the operation are extremely satisfactory

for four days Postoperative dilatation is essential  
JOHN G. CHEETHAM M.D.

Young H. H. and Shaw E. C. Urethral Diverticula. *South M. J.* 1926 XI: 42

which occurred when he attempted to void. Examination revealed a diverticulum of the urethra with its opening just in front of the verumontanum. Under epidural anaesthesia the sac was exposed, gently freed and excised through an inverted incision made in the line of the previous wound. External

sac tissue was repaired by two layers of plain catgut. A. M. M. M.

CLAUDE D. PICKRELL M.D.

# GENITAL ORGANS

Walther H. W. E. Prostatitis. Its Role in Focal Infection. *New Orleans M. & S. J.* 1926 LXVIII: 493

Walther emphasizes the importance of the prostate, teeth, nose, after, etc., 1000g.

Whether or not infection is present in the prostate and vesicles cannot always be determined by rectal

palpation alone since a gland practically normal in size and consistency may harbor a chronic process

tate and vesicles are infected not only by the gonococcus but also by staphylococci and streptococci, the colon bacillus, micrococcus catarrhalis, the pneumococcus and the influenza bacillus.

The treatment consists in hygienic measures to raise the patient's general resistance and prostatic massage every three or four days followed by deep urethral instillations. Diathermy with a special prostatic electrode in the rectum and another electrode on the suprapubic region is extremely useful. In refractory cases the intravenous administration of doses of from 2 to 10 c. cm. of a 1 per cent freshly sterilized aqueous solution of mercurochrome has very often proved of benefit.

HENRY L. SANFORD M.D.

Bumpus H. C. The Preparation of Patients for Prostatectomy. *Surg. Gyn. & Obst.* 1926 LVIII: 182

In the care and preparation of patients with prostatic hypertrophy for operation there are four main

urine is less than 120 c. cm. intermittent catheterization for a minimal period of ten days is usually sufficient preparation provided renal function is adequate. If the amount is more than 120 c. cm. the introduction of a permanent urethral catheter is preferable.

In cases of prostatic hypertrophy cystoscopy should be avoided if possible since the passage of any rigid instrument will traumatize the urethra.

ment

The most common form of infection complicating the preparatory treatment for prostatectomy is

clear  
with  
those

HUNNER and WHARTON report eight cases of

cases the stricture was due to trauma. In two of this group it followed a gynecological operation and in one the application of radium to the uterine cervix. All of the strictures due to trauma were located in the pelvic portion of the ureter. In two cases the stricture was due to focal infection and in both of these cases there was an illusive ulcer of the bladder.  
J SYDNEY RITTER M.D.

Peck, C. H. The Treatment of Obstructions of the Upper Ureter and Early Hydronephrosis. *Ann Surg* 1926 LXXXIII 260

the ureter into the bladder and a plug of gauze for five days to act as a splint until the kidney was free from adhesions.

ureters were determined by cystograms. Except in the control animals the sacral nerves were severed on each side after a series of pressure readings had been taken. At intervals of from two to six weeks after the operation observations were made on the intravesical pressure per constant volume. Care was

control was not impaired and there was no residual urine.

Moorhead S. W. Urethral Catheterization Its Pitfalls and Their Avoidance. *Therap. Gaz.* 1926 35 XLII 1

phen

Before the introduction of an instrument the

tion

ALTON UCHSNER B. S.

#### BLADDER URETHRA AND PENTS

Potter J. C. The Effect of Section of Both Sacral Nerves on Intravesical Pressure. An Experimental Study. *J Urol* 1926 XL 197

Huddy G. P. B. Some Considerations of the Operation of Internal Urethrotomy and the End Results Thereof. *Brit J Surg* 1926 XL 458

This article reports a study of 109 cases of internal urethrotomy performed at the London Hospital during the years 1921 to 1924 inclusive. The author discusses the evolution of the successive methods and the indications for and contra indications.

Wesson M B Industrial Hernia Versus Seminal Vesiculitis and Vaginitis *California & West Med* 1916 XIV 212

This article is based on a series of forty seven cases of vaginitis seen by Wesson during the past two years. Most of the patients were referred to him by insurance carriers for an examination report and opinion with the statement that a hernia operation had been advised. The condition had been

pus mixed with spermatozoa cellular detritus and gonococci

the inguinal rings

Practically one third of all men have preformed hernial sacs but particularly if the prostate and seminal vesicles are pathological these should not be subjected to surgery merely because of pain in the groin

Pain in the groin subsequent to a strain is generally due to vaginitis. Epididymitis and vaginitis follow a strain only when the seminal vesicles and prostate are infected

The repair of a relaxed inguinal ring will not relieve pain due to a tender inflamed spermatic cord and a herniotomy in the presence of an acute vaginitis is associated with danger to the future function of the testis

Blood in the ejaculations is pathognomonic of seminal vesiculitis and does not occur following trauma or rupture

Prostatitis and seminal vesiculitis are very common occurring secondarily to non venereal as well as venereal infections

Pus without organisms in the urine usually indicates either tuberculosis of the kidney or prostatitis

Seminal vesiculitis is commonly confused with hernia appendicitis sacro iliac diseases spondylitis and sciatica

In his conclusions the author says that when the definition of traumatic hernia originally promulgated by the California Industrial Accident Commission is generally accepted by the members of the medical profession and when lawyers and labor leaders become convinced of the wisdom of accepting medical facts instead of industrial theories one of the greatest abuses of the compensation law will be remedied. As soon as hernia is eliminated from consideration as a cause of acute pain in the groin and testicle the diagnosis of vaginitis will become comparatively common

Louis Gross M D

Calvanico R A New Method of Anastomosing the Vas Deferens and the Testicle (Di un nuovo metodo di innesto deferente testicolare) 1925 Naples Pironti

In gonorrhoea

the  
often  
the  
of the tubules in the epididymis. The fluid contains

toxic function for many years

The treatment of bilateral obliteration should be preceded by diagnostic needle puncture of the testicle to determine whether normal cells are present or not. If fatty degeneration has occurred surgical treatment offers no hope of cure

In the operation described by the author the obliterated portion of the vas and epididymis is removed and the split vas deferens is united directly to the testicle

Five cases treated in this manner are reported. In all active sperm was found after the operation

KELLOGG SPEED M D

The author reports a case seen by Tirumurti. The

The situation of the left testicle was never definitely known. In spite of his anomalies the patient contracted both gonorrhoea and syphilis. For several months thereafter he had severe lumbar pain radiating downward and soon experienced definite lumbar colic accompanied by vomiting and haematuria

Some time later an epigastric tumor the size of a

Cystoscopic examination revealed a hyperaemia

one or the other procedure have been advanced. However careful analysis of the statistics shows that the results of one method cannot be used to the discredit of the other.

efficient

of sufficient to a sufficient

gradually the method for continuous gradual emptying of the bladder is one in which a urethral catheter is at

table is lowered

A careful record must be kept of the fluid intake and output. A minimal output of 2500 c cm is imperative. If the oral administration of fluids does

Hunt V C. The Treatment of the Surgical Patient Handicapped by Urinary Obstruction. *Surg Gynec & Obst* 1926 vii 187

In 1890 Belfield reported a series of 133 cases in which the prostate was radically removed. The series included forty one perineal and eighty-eight suprapubic operations. The mortality in the cases in which the perineal operation was performed was 9.7 per cent while that in the cases treated by suprapubic operation was 13.6 per cent. Restoration of function was equally satisfactory following each type of operation but occurred in only 73 per cent

operation was 7.5 per cent. A review of the clinical course and the autopsy findings obtained in 85 per cent of the cases shows that 50 per cent of the deaths were due to pre-existing and co-existing disease, 4 per cent to surgical accidents and 46 per cent to complications.

cases in which employed there was only one death. CARL S. WILLIAMSON, M.D.

# SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

## CONDITIONS OF THE BONES JOINTS MUSCLES TENDONS, ETC

Rohde M C Does Bone Form from Osteoblasts or from a Metaplasia of the Surrounding Connective Tissue? *Surg Gynec & Obst* 1925 xli 740

In experiments on rabbits cats and dogs Rohde studied the regenerative powers of one tissue at a time by excluding the others From the findings of careful X ray examinations made at various intervals and of cytological examinations he draws the following conclusions

1 Periosteum, including cambium and adventitial layers plays the most important role in the regeneration of bone

2 Marrow and endosteum play a lesser role which is contributory to that of the periosteum but not sufficient alone for bone union

3 Compact bone (cortex) denuded of periosteum marrow and endosteum does not take part in bone formation

4 Bone regenerative processes are dependent

5 The connective tissue elements of the periosteum the marrow, and the endosteum and the

6 septa the tendons the fascia or the subcutaneous tissue

7 Heterotopic bone formation in soft tissue occurs from the unused mesenchyme cells which become active as the result of trauma infection toxic stimulation or a disturbance of metabolism

CHESTER C SCHNEIDER M D

Nissen R Fibrous Replacement of Bone Marrow Findings in Experiments with Parabiosis (Ueber fibrosen Knochenmarkersatz unter Benutzung des Parabiosversuches) *Deutsche Zeitschr f Chir* 1925 cxci 197

Nissen reports experimental investigations regarding the nature and genesis of fibrous and cystic changes in bone marrow In parabiotic and individual rats he first attempted to determine the morphological change occurring in an artificially

produced effusion of blood in the bone marrow The medullary hematoma was produced by introducing a syringe needle of medium size into the marrow at a point between the femoral condyles exposed by marked flexion of the knee destroying the medullary tissue by turning the needle several times and flushing out the destroyed cell matter with the syringe

In the cases of healthy animals the reformation

periments

In five pairs of parabiotic rats the destruction of the marrow was done immediately after the operation At necropsy after spontaneous death neither the hyperæmic cachectic nor the anæmic fat animals showed variations from the normal in the regeneration processes

In six pairs of rats showing the first signs of parabiotic poisoning the destruction of the bone marrow was done in the hyperæmic animals which were injured by the poison Necropsy after spontaneous death showed that in certain animals retardation of the coagulation of the blood—an essential preliminary to the regeneration of tissue—occurred in the cavity formed by the destruction of tissue It revealed also that the effused fluid was surrounded by dense connective tissue and that the progress of the proliferative processes of bone marrow and connective tissue was greatly retarded The organization of the effused blood occurred chiefly in the thick

effusion cavity in a metaplastic manner by the



left kidney showed a marked deviation of the left ureter in the pelvic portion. The injection of sodium bromide through the ureteral catheter demonstrated a left hydronephrosis.

study the urinary tract at autopsy to check their clinical interpretations. They themselves studied forty six fresh autopsy specimens of the entire urinary tract removed *en masse* bearing in mind the differences of opinion as to what constitutes increased pelvic capacity. In each case bilateral uretero-

In conclusion the author discusses the classification of tumors of the testicle giving both Tanner's and Kaufman's lists, briefly reviews the recent literature and statistics and supplements his article with a bibliography. KELLOGG SPEED M.D.

#### MISCELLANEOUS

The authors emphasize that it is of the utmost importance for the urologist and roentgenologist to

pelvis and calyces ranged from 5 to 13 c cm. with an average of 8 c cm.

The ureter, pelvis and calyces that appeared

cal changes.

Inflammatory strictures of the ureter were found in 9 per cent of the specimens. In one case they were bilateral and in another they were multiple. It was noted also that when increased intrarenal pressure was produced by injecting the pyelographic media under pressure the solution was forced into the cortex without extra dilatation of the ureter or renal pelvis. C. TRAVERS STEFITA M.D.

Faulty alimentation is a very important factor in the production of arthritis. Pemberton found that persons with faulty alimentation have a lowered sugar tolerance and a sort of carbohydrate intolerance and that in many such cases improvement resulted when this imbalance was corrected.

Osgood believes that any factor causing debility or loss of tone in a joint such as exposure to wet and cold, intestinal disturbances and endocrine imbalance is a predisposing cause. He regards

Malum coxae senilis presents a special orthopedic problem. The pain and discomfort are relieved by the application of a stiff spica or other protective appliance.

al intercostal or sciatic pain

reistance

Aspirin and salicylates are indicated only to relieve pain.  
Heliotherapy  
massage at  
fresh air  
benefit

The duty of the orthopedic surgeon is to prevent deformity by the use of apparatus, walking splints, weight and pulley traction, etc., to prevent contractures. In arrested cases, synovectomy has some times proved beneficial.

Spondylitis deformans is a form of rheumatoid arthritis in which there is gradual ossification of the intervertebral discs.

used positions, exercises and the use of braces and corrective jackets.

Osteoarthritis is caused less frequently than

Ryerson, E. W. Certain Diseases and Injuries of the Spine in Adults. *South M J* 1926 xiv 34

Ryerson states that the most common cause of back pain in adults is osteoarthritis. The lumbar region is most frequently affected, especially the lumbosacral joint. Involvement of this area is the

Because of the almost vertical position of the lumbosacral region, osteoarthritis in this area may become very disabling. This is especially apt to be

cervical region present a far greater hazard

DANIEL H. LEVINTHAL, M.D.

When a metabolic disturbance similar to that

examined microscopically the processes by which this disappearance is brought about are found to be different

RUDOLPH S. KENCH M.D.

Osgood R. B. The Orthopedic Aspects of Chronic Arthritis *J. Bone & Joint Surg.* 19 6 VIII 1

rhage is pathological and not purely traumatic

proof that any one organism which invades the joints themselves is alone responsible for the disease

The findings of aid in the differential diagnosis between rheumatoid arthritis and osteo-arthritis are summarized as follows

Van Dessel A. The Behavior of Sequestra in Chronic Osteomyelitis *J. Bone & Joint Surg.* 1926 VIII 194

The author produces chronic osteomyelitis in

|             | Rh m t arthritis              | Osteo arthritis               |
|-------------|-------------------------------|-------------------------------|
| Age         | Infant to adult               | Adult to old age              |
| Onset       | Acute                         | Subacute to suppurative       |
| Joint       | Primarily the large joints    | Primarily the small joints    |
| Systemic    | Generalized                   | Localized                     |
| Examination | Swelling, redness, heat, pain | Swelling, redness, heat, pain |
| Latent      | Latent                        | Latent                        |
| Progression | Progressive                   | Progressive                   |
| Termination | Termination                   | Termination                   |
| Prognosis   | Prognosis                     | Prognosis                     |
| Treatment   | Treatment                     | Treatment                     |
| Results     | Results                       | Results                       |

possible by roentgenograms alone to determine whether the sequestrum is or is not completely separated and that Bancroft was observing the action of chemical and not infected sequestra

The author's observations show that in the presence of infection completely separate sequestra never unite to the newly formed involucrum or to the old bone. The zone of demarcation between the sequestrum and the involucrum persists until the sequestrum has completely disappeared

Sterile bone (grafts) and infected bone (sequestra) both disappear in the roentgenogram but when

|              |              |              |
|--------------|--------------|--------------|
| Time         | 1 to 2 years | 3 to 4 years |
| Blood        | Normal       | Abnormal     |
| Microbiology | Negative     | Positive     |
| Pathology    | Normal       | Abnormal     |
| Prognosis    | Good         | Poor         |
| Treatment    | Conservative | Aggressive   |
| Results      | Good         | Poor         |

the base of the skull and brain. In spite of the not infrequent involvement of the sella turcica it is rare to find evidence of pituitary disorder. The X-ray examination is a valuable aid to the diagnosis.

#### D Trochanteric coxa vara

- 1 Destructive disease as in C
- 2 Fracture with malunion

Although coxa vara is not a common condition it is probably the most frequent cause of disability

extension leads to the appearance of the tumor in the hollow of the sacrum with pressure on the rectum. Interference with micturition is also a frequent sign.

Occygeal chordoma occurring in a man 64 years of age

STANLEY J. SEEGER M.D.

Key J. A. Epiphyseal Coxa Vara or Displacement of the Capital Epiphysis of the Femur in Adolescence. *J Bone & Joint Surg* 1936 18: 53

The deformity in cases of coxa vara may be in the femoral head, the epiphyseal line, the femoral neck, or the trochanteric region of the femur. The condition may be said to be present when the extremity is maintained in a position of adduction or the normal range of abduction is limited by bony deformity of the femur. It may be classified anatomically as follows:

#### A Capital coxa vara

- 1
- 2
- 3

#### B Epiphyseal coxa vara

- 1 Idiopathic
- 2 Traumatic

#### C Cervical coxa vara

- 1 Congenital deformity
- 2 Congenital deformity in old reduced congenital dislocation
- 3 Developmental or constitutional disease (rickets, achondroplasia, osteopetrosis)

is found to be prominent and above the Roser-Nelaton line. A flexion deformity and external rotation may be present. In cases of acute separation of the epiphysis the symptoms resemble those of a fresh fracture of the neck of the femur.

In the advanced non-traumatic type of case the femoral head is markedly displaced and rotated, the neck is often thickened, the angle of the neck with the shaft appears to be decreased to about 90 degrees, the acetabulum is enlarged in its vertical diameter and the pelvis is deformed on the affected side.

In the early traumatic type of case the head is separated from the neck and lies in the acetabulum, rotated obliquely. The femur is displaced upward and rotated externally so that the upper border of the neck is in contact with the acetabulum and the lower border is embedded in the cancellous tissue of the epiphyseal surface of the head.

In the late traumatic type of case the femoral

In the adult type of case the epiphyseal line can not be seen. The femoral neck may appear elongated

Elliott G R A Contribution to Spinal Osteo-  
Arthritis Involving the Cervical Region *J Bone  
& Joint Surg* 1926 7: 42

Spinal osteoarthritis in the cervical region is confined to the lower cervical vertebrae beginning usually with the fourth. The cause of the disease is the action of a bacterial toxin associated with simple

come narrowed as the result of destruction of the

of the vertebræ

that of spinal cord tumor but there are no cord

the head and neck backward movement of the shoulders daily breathing exercises light rotary

Stewart M J and Morin J E Chordoma a  
R = R has R part of a New Sacrococcygeal

Alex

xxix 01

STEWART and MORIN report the third case of chordoma occurring in Leed review the recent literature on chordoma and describe the fundamental and more or less constant syndrome of sacro coccygeal chordoma from which as in the case reported it is often possible to make a reasonably reliable clinical diagnosis before biopsy

clear however that the tumor must still be regarded as a rarity and is therefore of greater academic than clinical interest.

Stewart's previous report contained a list of twenty six cases of chordoma reported up to 1922. In this article this list is brought up to date. It now includes twenty seven chordomata in relation to the anterior extremity of the notochord, twenty seven in the sacrococcygeal region and one in the lumbar region. It does not include cases of chordal heterotopia (ecchordosis physaliphora) as these formations are not neoplastic and almost invariably at casual findings made at autopsy. A recent typical example of chordal heterotopia is described. This was the fourth example seen in Leeds in a consecutive series of 350 autopsies in which a special investigation was made for the condition. This lesion is a chordal ectopia whereas a chordoma is a

triplication

Cases of high malignancy are rare the tumor

the sacrocollypedi 10g "

themo-  
wenty  
as 50

years

The clinical manifestations of chordoma of the clivus are those of a slowly growing tumor involving

Monberg A Trigger Finger and Its Treatment  
(Ueber schnelle Finger und ihre Behandlung)  
*Hosp Tid* 1925 LXVI 295

Lae - A - - - - -

children In nine cases an operation was performed an elliptical piece being cut from the center of the tendon The tendon sheath was not sutured After the operation early movement was instituted

A thickening of the tendon and sheath were found in every case In three cases those of children

results in marked improvement and sometimes in

Smith Petersen M N and Rogers W A Arthrodesis for Tuberculosis of the Sacro Iliac Joint  
A Study of the End Results *J Im M Ass*  
1926 LXXVI 26

The dissection of the sacro iliac joint

In a series of thirteen cases the physical examination revealed tenderness on pressure over the inferior sacro iliac ligaments and sacrosciatic notch In 92 per cent the pain was referred to that region by the patient In 77 per cent there was radiation pain over the posterior aspect of the thigh and in 62 per cent radiation pain over the posterior aspect of the leg In 60 per cent the range of forward bending in sitting was increased over that in standing In only 38 per cent was pain elicited by compression of the iliac crests Rectal examination is of great importance in these cases

Sixty nine per cent of the patients operated upon have worked at their previous occupations for an average of seven and six tenths months Three have worked more than six years without a local recurrence of the condition and without the development of secondary foci Ninety two per cent have had no pain since the time of operation

There were no deaths resulting directly from the operation One patient died of a secondary infection of an extensive abscess three months after she left the hospital against advice Another patient died of tuberculous meningitis six months after the beginning of Pott's disease which developed a year after she returned home

his operative material and includes in his article instructive photomicrographs showing the extensive injuries or changes in the patellar cartilage

In general it may be said that such fissures occur most often in the cartilaginous surface of the patella especially in the center or the region lying along the central longitudinal eminence Macroscopic examination shows the cartilage surface to have lost its smoothness and to present a velvety appearance The diseased areas of cartilage seem swollen and a sensation of fluctuation is noted when the probe is used

According to Buedinger the fissures may extend down to the bone but Laeven has been unable to confirm this finding The fissured tissue may be removed with the knife down to a thin layer

In the case histories reported by Laeven there was mention of more or less injury Microscopic

in several of the author's cases The latter however cannot be regarded as so called free joint bodies While it is true that if a joint had

changes are limited to circumscribed areas while in arthritis deformans they involve chiefly the edges

and bowed upward with the lower border of the

The treatment varies with the progress of the condition. In cases without displacement the h

tually is lacerated

operation is necessary. The neck must be excised from the head and properly replaced and the hy

articular surface

patients with arthritis. Indicated is osteotomy followed by the application of a hip spica with the limb in abduction, internal rotation and extension. **RICHARD S. REICH, M.D.**

### SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS, ETC.

**Bauman C. I. and Campbell H. E.** Resection of Long Bones for Chronic Osteomyelitis. *Surg. Gynec. & Obst.* 1926, 41: 114.

theories—one ascribing the condition to trauma, another ascribing it to static conditions and another ascribing it to bone disease. According to the

The authors have performed twenty-eight resections of portions of long bones in twenty-three patients. With one or two exceptions, these operations were for chronic osteomyelitis with dis

large tubes  $\frac{3}{4}$  in in diameter. Although in only a few cases Dakin irrigations were carried out through the tubes for from two to five weeks depending upon the duration and character of the discharge.

The patient was kept in bed with extension for from eight to ten weeks and then allowed to walk with crutches and a cast or brace until the sixth month when partial weight bearing with a brace or cast was permitted until the eighth or tenth month.

In most of the cases the regeneration of the bone proceeded with surprising rapidity and a complete functional cure was obtained with little deformity or shortening.

fracture of the neck of

The prognosis of coxa vara depends upon the degree of displacement of the femoral head. In most cases the pain ceases and the patient becomes able to return to his occupation, but there is limitation of motion in the hip joint, particularly in abduction and a lump is caused by shortening of the limb. Occasionally complete ankylosis develops.

generation was incomplete

occurred most frequently necessitated bone grafting

**DANIEL H. FEINSTEIN, M.D.**

by further tests before they are accepted. If the calcium and phosphorus content of the blood serum could be raised above the normal for any length of time it is possible that in cases of delayed union the fracture might be induced to unite. Cases of fixed non union however would probably not be benefited.

united fracture including both types. In cases of delayed union the bones are more easily induced to unite than in cases of non union. This is shown by the fact that in the cases reviewed the plastic type of operation resulted in a cure in 93 per cent of those of delayed union and in 65 per cent of those of non union.

In the treatment of ununited fractures the distinction between delayed union and non union

non union was made after three months and in cer

suort and more care in the planning and execution of operations for non union a higher percentage of cures has been obtained than heretofore.

Bagley C H. Fracture of Both Bones of the Forearm. A Study of 200 cases. *Surg Gynec & Obst* 1926 xlii 95

Of 200 patients with fracture of both bones of the forearm who were treated in the Surgical Clinic of the Johns Hopkins Hospital Baltimore 110 were under 10 years of age 66 were between 11 and 15 years and only 24 were over 15 years. The great majority of the fractures were caused by indirect violence such as a fall on the hand with the arm outstretched. Half of them occurred in the lower third of the forearm and nearly half were incomplete or greenstick fractures.

The commonly accepted theory that in children epiphyseal separation occurs instead of fracture in the lower third of the forearm is not borne out by the cases.

In the treatment of fractures of the forearm reduction should be done early and should be complete but in some cases in which reduction is not quite complete it may be best not to attempt repeated manipulation because of the danger of impairing the blood supply.

to be corrected spontaneously by the formation of callus only on the concave side of the fragments

arthritis or excess callus. Four of these were cases in which an open reduction was done.

The author believes that in children an imperfect reduction is preferable to open operation and reports in detail three cases which substantiate this belief.

WILLIAM A. CLARK, M.D.

Jact

The case reported in this article was that of a woman 20 years of age who gave birth to a child

hips and the spontaneous opening of multiple abscesses in the sacro iliac region. The patient was obliged to remain in bed for eleven months and developed bed sores in the sacrococcygeal region. When she got up the two coxofemoral joints were completely ankylosed, the lower limbs were parallel with the axis of the body, the thighs were flexed on the pelvis to about 20 degrees and slightly rotated inward and there was a lumbosacral lordosis.

The roentgenogram showed perforation of the acetabulum on both sides. On the left side the head of the femur was almost totally absorbed and on the right side the head and part of the neck of the femur had disappeared, the neck being reduced to a pointed spur. On both sides all that remained of the upper epiphysis of the femur was implanted in a mass of semitransparent decalcified newly formed bone tissue.

Central luxation of the femur due to trauma is rare and such luxation due to pathological processes still rarer. In infective osteo arthritis the destructive processes are accompanied by reparative processes which re-enforce the acetabulum and prevent its perforation. In tuberculous coxitis the position assumed by the lower limb causes the head of the femur to press on the posterior rim of the acetabulum rather than on its floor, the luxation being iliac rather than central.

The author's case is of interest particularly because the lesion was bilateral and because it occurred during the puerperium. The bilaterality was apparently due not to special virulence of the infect

the other because she was prevented by the bed sores from lying on her back.

When the patient entered the hospital operation could not be performed because the sepsis was too



In arthritis deformans the symptoms are barely required for repair. They may be divided into those of delayed union and those in a fixed state of non-union.

For the purpose of this study

some hesitancy in pronouncing these cases ununited

of involvement of the meniscus the amount and character of the joint fluid play a rôle

likely the condition is non union but time is not the sole criterion. In the cases of delayed union studied by the author the average time between the occurrence of the fracture and the operation was six months while in those on non union it was two years.

between

definitely excluded decreased resistance to the

sixteen (75 per cent) were cured

In a considerable number of the cases calcium

VORSHLEIZ (2)

## FRACTURES AND DISLOCATIONS

Henderson M S. Ununited Fractures. *J Am Med Ass* 1926 LXXVI: 81

Ununited fractures are those that have failed to unite by bony union after the period normally re-

true in the cases reviewed and according to the union was more common than delayed union in cases of compound fractures.

The clinical study of the general systemic condition was negative. Local causes are of far more

general of the blood intact licate ecked

# SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## BLOOD VESSELS

Of the ... of the ...

Colligan J M Phleboliths J Urol 19 6 xv  
175

With the development of the roentgen ray phleb-  
oliths became clinically significant They are found

Because of their associated arteriosclerosis and  
calcium deposits or their long continued expansile  
pulsations with erosion of the neighboring bone  
aneurisms of the first group are the ones most apt

in diameter vary between 1 and 10 mm in diam-  
eter the average being about 4 mm In males they  
are found most frequently in the periprostatic plexus  
and in females in the uterine plexus occasionally  
they are found in splenic veins and the veins of  
hemangiomas

rupture Next in value are the signs due to pressure  
upon adjacent structures but these may be simu-  
lated by any other disease or tumor occurring in the  
same location A third group those due to the  
disease causing the aneurism are inconstant and  
unreliable

Chemical analysis shows that their  
ingredients also are practically uniform

Phleboliths have their origin in thrombi The

In the ...

roentgenographic shadows are due to phleb-  
oliths Urologists should be able to identify all  
pelvic shadows as extra urinary or intra urinary

The fecal catheter is unreliable in the localization  
of pelvic shadows The most accurate method

tion in craniopharyngeal pouch tumors the dense

clonoid The bone is cleanly destroyed

Sosman M C

Author ...

## BLOOD TRANSFUSION

Lat

roentgenographic  
that in a ce  
diagnosis ca  
autopsy records reveals that intracranial aneu-  
risms are rare The infrequency of their  
diagnosis is probably due to the fact that the possi-  
bility of their presence is rarely considered

Bern Springer

This excellent translation by Schiff of the new and  
revised Italian edition of the Individuality of the

of the limbs in moderate abduction and in attempt to bring about a neo arthrosis in the other between the neck of the femur and the ilium

AUDREY G MORGAN M.D

### ORTHOPEDICS IN GENERAL

Bristow W R and Elmslie R C Discussion on Manipulative Treatment *Lancet* 1926 ccr 218

BRISTOW called attention to the fact that bone setters and other practitioners without proper

Manipulative treatment is of value chiefly for minor injuries and to a less degree is beneficial in

quently occurs in the erector spinæ group of muscles and causes backache

With regard to conditions due to disease it is

two classes (1) manipulations of the affected part as for adhesions about a joint and (2) manipulations of some part which is not obviously affected

manipulative methods which have been proved of value but orthopedic surgeons who practice

in such cases with great success

FRANK G MURPHY M.D

tissue and infiltrated structures not containing lymphadenoid tissue. The compromise theory that it is a transitional condition has had many sup-

2 The retroperitoneal form in which the glands are involved alone or with the mesenteric glands and the spleen. The symptoms are principally those of pressure and vary according to the structures encroached upon. Pain may be a prominent manifestation.

3 The gastro intestinal form which is rare.

4 The splenic form. The spleen is affected in practically every case but the disease is rarely confined to the spleen.

5 The hepatic form. The liver is found to be involved in at least 50 per cent of the cases but this is frequently a postmortem finding and not recognized clinically. It is never found as the sole lesion.

6 The renal form in which small nodules are occasionally found at autopsy or more rarely an

noma these glands are not necessarily the primary location of the disease. A number of investigators have shown that primary enlargement of the abdominal or thoracic glands is much more common than primary enlargement of the cervical glands but may not be discovered as early. Under proper treatment the outward manifestations may disappear but the patient subsequently dies from the

growth without pressure symptoms or a pleural

of the skin by characteristic lymphogranulomatous tissue.

The condition is not always easy to diagnose. It must be differentiated from tuberculosis, leukaemia, chronic inflammatory conditions, sarcoma and various pyrexial states. One of the most valuable diagnostic aids is microscopic examination of an excised portion of gland tissue.

The duration of the disease ranges from a few weeks to several years. There is no evidence that a spontaneous cure may occur. Schniffner reported a case in which X ray treatment resulted in benefit for eleven years. The use of radium and the X rays is rather general. In some cases Coley's toxins of

in pneumonia, tuberculosis or some other chest condition. Occasionally there is sufficient pressure on the large veins to produce cyanosis and oedema.

The abdominal manifestations are divided into six forms:

1 The peritoneal form due to affection of the mesenteric glands. This may suggest tuberculous peritonitis.

as  
at  
su

Blood by Lattes fills a large gap in hæmatological literature

more or less marked stimulation of the bone marrow. The latter was demonstrated by the appearance of new erythrocytes which sometimes were rich in hæmoglobin increasing the color index and sometimes were poor in hæmoglobin. It was evident also

have been due to hæmolysis

regeneration

The technique of carrying out the individuality

Intravenous transfusion of large quantities of blood: the method of choice for the treatment of all anæmias which threaten life. Oertel (Z)

#### LYMPH VESSELS AND GLANDS

Rollleston Sir H. Lymphadenoma (Hodgkin's Lymphogranuloma). *Lancet* 1925 CCIV 1209

blood groups

The most important therapeutic application of

appearances of lymphadenoma were first recognized

references

SCHNEIDER (U)

Goebel F. Blood Transfusion in Infancy and Early Childhood and the Nature of Its Action (Ueber Bluttransfusionen beim Säugling und Kleinkind und deren Wirkungsweise). *Ztschr f Kinderheilk* 1925 XXIV 258

growth

The first theory was adopted by a number of the earlier investigators. Sternberg believed the con-

death resulted

## ANÆSTHESIA

Pembrey M S and Shipway F E Apnoea  
Dyspnoea and Cyanosis in Relation to Anæ-  
sthesia Part I Physiology Part II Anæ-  
sthesia *Clin Hosp Rep Lond* 1906 lxxvi 53  
58

Anæsthesia is a pathological condition but has its representation in physiology. The authors investigated this comparison with regard to respiratory changes. Physiologically apnoea is absence of respiratory movements due to diminished excitability of the nervous system and absence of carbonic or other acid sufficient to stimulate the respiratory

In test of a number of antiseptics tincture of iodine was found most effective. This preparation not only detaches and inhibits the growth of spores but also stimulates the defensive mechanism of the wound tissues. Experimental studies seem to indicate that very few of the new dye antiseptics act as well as iodine in destroying spore organisms. Fuchers solution a quinine hydrochloric acetic acid formal alcohol solution appears to be an excellent inexpensive antiseptic for wounds. If used early it will probably prevent gas gangrene and its serious consequences.

The treatment of wound with vaccines has been practiced with varying results. Recently Besredka found in experiments on animals that the cutaneous application of vaccine produced the most effective immunity. Applying this principle clinically he found that greater immunity was produced by a vaccine dressing than by subcutaneous injections and no local reactions developed. The author is of the opinion that this method of treatment is not only harmless but exceedingly beneficial and should be tried more extensively in order that its true worth in general surgical practice may be learned.

CYRIL J GLASIEL M.D.

During anæsthesia apnoea may be caused by too deep and rapid breathing which washes out too much carbon dioxide. When chloroform is given by the open method it may occur as the result of the depressant action on the heart and respiratory center the reduction of the oxygen capacity of the blood and the reduction in tissue metabolism. At times it occurs with intratracheal insufflation but is infrequent when a tracheal tube is used and rare when ether is given by the open method.

Cyanosis is a state of anoxemia. Its most typical physiological form is seen in mammal born with blue asphyxia and white asphyxia the latter accompanied by circulatory failure. During narcosis two similar forms are encountered. For these oxygen and carbon dioxide are indicated.

Pathological and physiological respiratory variations are dependent upon the same causes.

GEORGE R McALLIFF M.D.

Haggard H W The Absorption Distribution and Elimination of Anæsthetics *Anaesth & Anal* 1906 vi 1

The concentration of the anæsthetic with which the living cells are in equilibrium when they exhibit the phenomenon of narcosis is called the anæsthetic tension. It is expressed either in grams of the

the anæsthetic tension of ether has now been definitely established as 3.5 per cent.

When air containing ether vapor is brought in contact with blood some of the ether passes into the blood and seeks equilibrium. As the ether in

The protein is  
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stances  
tumors  
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For th  
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be a result in by a very rapid decline (increased protein catabolism in the liver (adema). Therefore the administration of protein therapy should never be continued longer than from four to six weeks at a time and should not be resumed until after a period of equal length.  
In conclusion the authors call attention to the fact that the value of protein treatment does not reside in the fever reaction.  
VOLLMANN (Z)

# SURGICAL TECHNIQUE

## OPERATIVE SURGERY AND TECHNIQUE POSTOPERATIVE TREATMENT

Moersch H J The Vital Capacities of 1000  
Surgical Patients *Arch Int Med* 1926 xxvii  
128

Although an accurate conception of the vital

The spirometer is of value chiefly because disturbances of external respiration can be detected with it

low in the absence of any demonstrable organic cause in a large percentage of such cases an organic disturbance involving the cardiorespiratory system

and excretion

The factors that influence the vital capacity are posture the time that has elapsed since the last meal psychic disturbances physical fitness sex

## ANTISEPTIC SURGERY TREATMENT OF WOUNDS AND INFECTIONS

Meyer A F The Prophylaxis and Treatment of  
Wound Infections by Modern Methods *Clin  
Surg & West Med* 1926 xxiv 177

There are three and possibly four sporulating anaerobic bacteria which cause some of the most dreaded infections. Frequently they act together and through their combined effect produce the syndrome of gas gangrene. The bacillus tetani the most common anaerobe is responsible for tetanus

anaerobic infections are from the patient's intestinal tract rather than from exterior sources

instances careful operation with the excision of all

usefulness of chemical antiseptics in wounds Brunner has furnished experimental evidence proving that prophylactic and preventive antiseptics is possible

In tests of a number of antiseptics tincture of iodine was found most effective This preparation not only detoxifies and inhibits the growth of spores but also stimulates the defensive mechanism of the wound tissues Experimental studies seem to indicate that very few of the new dye antiseptics act as well as iodine in destroying spore organisms Pichers solution a quinine hydrochloric acetic

application of vaccine produced the most effective immunity Applying this principle clinically he found that greater immunity was produced by a vaccine dressing than by subcutaneous injections and no local reactions developed The author is of the opinion that this method of treatment is not only harmless but exceedingly beneficial and should be tried more extensively in order that its true worth in general surgical practice may be learned

CYRIL J. GLASIEL M.D.

Zinn

The prophylaxis of complications caused by protein therapy consists in varying the protein substance used increasing the dose slowly and discontinuing intravenous injections or if such injections are given administering the dose slowly and fractionally

For the treatment of the complications the authors recommend camphor caffeine skin friction massage of the

the causality of carcinoma may be ushered in by a very rapid decline (increased protein catabolism in the liver edema) Therefore

In conclusion the authors call attention to the fact that the value of protein treatment does not reside in the fever reaction VOLLMANN (7)

## ANÆSTHESIA

Pembrey M. S. and Shipway F. E. Apnoea, Dyspnoea and Cyanosis in Relation to Anaesthesia Part I Physiology Part II Anaesthesia *Guy's Hosp Rep* Lond 1916 LXVI 53

Anæsthesia is a pathological condition but has

of the nervous system and absence of carbonic or other acid sufficient to stimulate the respiratory center It is not due to an excess of oxygen Effective stimulation to respiration consists in an increased tension of carbon dioxide in the blood with a corresponding decrease in that of oxygen

Equilibrium between acid and base in the blood is maintained by constant processes of adjustment which are expressed by the respiratory movements During anæsthesia apnoea may be caused by too deep and rapid breathing which washes out too much carbon dioxide When chloroform is given by the open method it may occur as the result of the depressant action on the heart and respiratory center the reduction of the oxygen capacity of the blood and the reduction in tissue metabolism At times it occurs with intratracheal insufflation but is infrequent when a tracheal tube is used and rare when ether is given by the open method

Dyspnoea is evidence of a vigorous excitation of

the latter accompanied by circulatory failure During narcosis

varies

W. R. G. M. G. M. D.

Haggard H. W. The Absorption Distribution and Elimination of Anaesthetics *Anesth & Analg* 1926 15 1

or indirectly as the percentage or tension of the anæsthetic in the expired air which is in equilibrium with the blood There can be little question that the anæsthetic tension of ether has now been definitely established as 3.5 per cent

When air containing ether vapor is brought in contact with blood some of the ether passes into the blood and seeks equilibrium As the ether in



the air passes into the blood the tension in the air falls and the tension in the fluid rises. A condition of equilibrium is finally established when the tension of ether in the air equals the tension of ether in the fluid. At this point of equilibrium the blood contains much more ether than an equal quantity of air.

in the blood

The rate of absorption is determined solely by the

possible to recognize imminent collapse. This is best prevented by decreasing the anaesthesia for a brief period.

KREUTER (Z)

# PHYSICOCHEMICAL METHODS IN SURGERY

## ROENTGENOLOGY

### Flaskamp W. Local and General Injuries of the

The author presents an excellent summary of all that is known of accepted value on the subject of injuries of the human body produced by roentgen rays and radio active substances. Because of the comprehensiveness of the material this abstract must be limited to a brief statement of the main points covered.

In the introduction Flaskamp discusses the roentgen rays as therapeutic and injurious agents and the effect of irradiation in the production of reactions. By the term injury he means the development of a secondary disease picture which is independent of the primary affection.

In the first chapter he treats of local injuries of the surface of the body reviewing the theories as to the pathogenesis of skin lesions and describing the clinical aspects of such lesions. To prevent confusion he first defines the various terms. A primary injury is an acute injury which manifests itself acutely. A late injury is an acute injury which does not become manifested until some time after a short period of exposure to the X ray. Cumulative injury means the injurious effects from constant exposure to the roentgen rays such as in

tissues usually show no changes.

*Chronic dermatitis.* Chronic dermatitis differs essentially from the acute form in its clinical aspects as well as in its origin and period of development. Dohan and Kienboeck distinguish three clinical forms of chronic skin injuries: (1) roentgenologist's erythema, (2) atrophy of the skin with telangiectases and (3) hyperkeratoses. Hyperkeratoses occur in the form of circumscribed warts or diffuse horny formations. With further progress of the disease especially after the warts have been cast off there may be extremely painful ulcers closely resembling acute roentgen ulcers. These ulcers and the hyperkeratotic areas are points of predilection for the development of roentgen carcinoma.

*Roentgen cancer.* Ninety four cases of roentgen cancer have been reported in the literature. The average length of time from the beginning of the irradiation to the time of the development of the cancerous process is about nine years while that

of the early erythema is the first phase of the roentgen injury. As a rule this reaction ceases within seventy two hours at the latest but under certain

mortality is 20 per cent.

as in the form of a marked reddening of the skin—the Kienboeck hyperemic radiodermatitis and the Seitz Wintz roentgen erythema. As a rule from twenty-one to twenty eight days elapse before the reaction reaches its maximum. At the end of that time there is an erysipeloid reddening of the skin with falling out of the hair in the irradiated

and others there may be a variation in

In the next section of the work the author describes the histology of the roentgen damaged skin and brings out the fact that all living cells are

any part of the body that it is most severe when organs rich in blood and glandular structures are

In the next chapter he treats of the capillary microscopic picture presented by the irradiated skin. Capillary microscopy is of importance because before the irradiation is begun it will reveal the hypersensitiveness of the skin which is peculiar to certain organic diseases and certain constitutional types.

clinical measures consist in preparation of the patient for the irradiation as for a surgical operation by

In the next chapter the physical technical and

medicinal chemical thermal and mechanical irritation. If despite every precaution a skin injury occurs a rational therapy must be instituted—rational in the sense that all further injurious influences must be excluded. In spite of the numerous suggestions that have been made with regard to therapeutics the author warns against over zealous treatment.

The conservative method of treatment requires great patience on the part of both the patient and

efficiency of the apparatus during its operation due

ment. For these surgical methods are indicated. In contrast to conservative measures surgery must be radical. The procedures to be considered are excision of the ulcer transplantation and sympathectomy. The treatment of chronic skin injuries

author states that though the roentgen rays have a wide application not sufficient effort has been made

ly variable clinical picture. the how and whereby of their production is no more possible than a simple explanation of the effects of other toxins. It is known however that the action of irradiation is proportional to the

impossible to form

In the third part of the work he discusses the effects of roentgen injury which is mainly reviewed so that ion of

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by

The monograph is supplemented by a bibliography covering the literature up to the fall of 1924

ZILLMER (Z)

Morgan J D Fractional Roentgen Irradiation

*Am J Roentgenol* 1926 xv 115

The technique commonly used in the roentgen

overlapping of the portals of entry but cross fire irradiations were used in order to reach the tumor from all sides and thus to obtain as uniform radiation as possible In the use of this technique there was less danger that outlying metastatic nodules might escape treatment

logical changes in healthy tissues adjacent to the neoplasm With a view toward overcoming these disadvantages and at the same time applying a dose which would impair the vitality of the malignant cells and stimulate the surrounding healthy cell the author used very small doses at frequent intervals for comparatively long periods with large portals of entry

In cases in which the malignant mass lay within 5 cm of the surface doses of from three to five minutes were given twice daily for from one to two weeks and after an interval of two weeks a second and later a third and sometimes a fourth series was administered When circumstances rendered it impossible for the patient to report twice a day the dose was reduced to one treatment and sometimes this was extended by the addition of a minute or two Similarly for lesions lying deeper than 5 cm the time of exposure was increased and treatments for five or ten minutes were given twice daily over similar periods No attempt was made to prevent

out apparent benefit Long before what was generally considered a lethal dose had been given a diminution in size and induration of the tumor was frequently noticed In an encouraging number of cases this beneficial effect has been continuous but the time has not yet been sufficient to warrant final conclusions In other cases the cells have seemed to acquire a certain resistance

Although some of these treatments have extended over long periods a typical erythema as a result has not been seen The skin has early showed a tanning which in some cases has become very marked So

roentgen ray skin lesions which have sometimes occurred in the past following prolonged irradiation remains to be seen

In conclusion the author gives detailed accounts of three cases treated in the manner described

ADOLPH HARTUNG M D

## MISCELLANEOUS

### CLINICAL ENTITIES—GENERAL PHYSIOLOGICAL CONDITIONS

Ewing J The Relation of Trauma to Malignant Tumors *Am J Surg* 1926 21 30

cancer of the mucocutaneous junctures long continued local uncleanness is demonstrated and

the development of calcareous material in the thymus  
decrease in the production of normal acids by way of the thymus

industry

MORRIS H KAHN D D

no real substitute material because its use

Freund E and Kaminer G The Biochemical Bases of the Disposition to Carcinoma (Biochemische Grundlagen der Disposition fuer Carcinom) 1925 Vienna Springer

The metabolism of persons affected with carcinoma differs from that of normal persons The urine of the former usually shows an abnormal albuminous substance namely oxyproteic acid of fermentid character

Johnson F M The Development of Carcinoma in Scar Tissue Following Burns *Ann Surg* 1926 183 165

development in the scars of

developed

Malignant disease occurs in scars of slow formation The pliable cicatrix is not dangerous Hence skin grafting should be done early in the treatment of burns

Scar cancer is more frequent in males than in females It is not restricted to the old or middle aged The age of the scar seems to be of more importance than the age of the patient The upper

gloquum

The serum of infants is from twenty to twenty five times as potent as that of adults As even a

arm is the site of scar cancer more frequently than the forearm and the thigh more frequently than the leg

at its center and has hardened turned edges Frequently the poorly nourished scar loses its integrity before it becomes epitheliomatous and the patient causes it to ulcerate by scratching it Later in such cases the surface becomes covered with squamous plaques which when rubbed off are replaced by small sanguinous ulcerations In other cases in which the scar becomes opened accidentally the tissue repairs itself very slowly and the wound increases at the expense of the neighboring parts

Because of the anæmic state of a thick scar cancer grows very slowly when it is confined to the skin When once there is deep invasion of the muscle however its growth is rapid and fatal

The prophylaxis of scar cancer lies in proper surgical care of burns and the prevention especially by skin grafting of thick rigid delayed scars When a band like scar has once formed it must be protected against injury and irritation caused by the friction of clothing dirt prolonged suppuration etc

The treatment is strictly surgical It should consist in wide excision of the lesion and the accessible regional nodes and X ray irradiation

HARRY C. SALTZSTEIN, M.D.

#### GENERAL BACTERIAL PROTOZOAN AND PARASITIC INFECTIONS

Mayo C. H. and Hendricks W. A. Avian Tuberculosis in Man *South M. J.* 1926 XIV 29

The authors report two cases of avian tuberculosis in man The disease was demonstrated surgically and pathologically Both of the subjects were young

adult females In one case the chief complaint was painful menstruation and in the other a tumor in the left hypochondrium The general health was fair but there was moderate anæmia with definite eosinophilia

In both cases the spleen was definitely palpable There was no fever and the Wassermann reaction was negative Splenectomy was done In both cases the spleen and liver were involved and in one the mesenteric lymph nodes were also affected Grossly the external surface of the spleen presented

substance instead of the caseous material which is often found in the tubercles in tuberculosis in man In many tubercles there was no caseation the center being composed of the numerous large epithelioid cells which give a characteristic appearance to the avian lesion

The authors cite the case of von Kurt Lederer in which avian tuberculosis was associated with poly cythæmia and operation and autopsy revealed wide spread tuberculosis of the lungs spleen kidneys and liver That the bacillus of avian tuberculosis is pathogenic to man is further corroborated by the works of Loewenstein Koch Robinowitsch and Lipschutz Pfonder Weber and Bofinger Robin

produced in fowls that have been allowed to ingest sputum from tuberculous patients On the other hand fowls have been fed sputum rich in bacilli without contracting the disease

In the authors opinion the human bovine and avian types of tubercle bacilli are only variations of one species of organism

# BIBLIOGRAPHY of CURRENT LITERATURE

NOTE—THE BOLD FACE FIGURES IN BRACKETS AT THE RIGHT OF A REFERENCE INDICATE THE PAGE OF THIS ISSUE ON WHICH AN ABSTRACT OF THE ARTICLE REFERRED TO MAY BE FOUND

## SURGERY OF THE HEAD AND NECK

### Head

Bone grafting of the mandible with a report of even cases W BILLINGTON and H ROUND Brit J Surg 1926 497 [433]

### Eye

Bruxelles-méd. 1926 vi 412

Further observations on the management of head injuries J C WEAVER J Med Ass Georgia 1926 xv 43

So

Indian M Gaz 1926 lxi 70

The anatomy and etiology of lateral sinus thrombosis J A BABBITT Atlantic M J 1926 xvix 315 [431]

The pathology diagnosis and differential diagnosis of lateral sinus thrombosis J C KEELER Atlantic M J 1926 x ix 318

The treatment of lateral sinus thrombosis C C EVES

Am J Ophth 1926 ix 3 s 119

The optic canal in optic atrophy L E WHITE Ann [433]

J BENCHER Mil Sur con 1926 lviii 130

Newer procedures and methods in plastic surgery of the face and neck G B NEW South M J 1926 xix 138 [431]

Bare radium tubes in the treatment of tumors around the head and neck F A FIOR Minnesota Med 1926 ix 13 [432]

A case of true corn of the face DIGNONNET Bull et mem Soc anat de Par 1925 xcvi 28

Primary repair of injuries to the parotid duct F J TEES Canadian M Ass J 1926 xvi 145

Suppurative parotitis J S WELCH Nebraska State M

16 nose

6

the ear

1925

xvii 557

The masseteric region L BRU Rev de med y cirug de la Habana 1925 xxx, 675

The evolution of the human mandible and correlations with features of the skull W D WALLIS Dental Cosmos 1926 lxxvii 107

1926 3 s ix 116

Protein therapy in affections of the eye H F SHOWNK Med J Australia 1926 i 177

Milk injection in ophthalmic cases I E GASTON Am J Ophth 1926 3 s ix 117

Red free light and flu rescein in examination of the cornea and conjunctiva W M BANE Am J Ophth 1926 3 s ix 120

Degeneration of the cornea. E. ADKOLG Semana méd 1925 xxxii 1657

Epithelial dystrophy of the cornea and its relation to endothelial dystrophy S R GIFFORD Am J Ophth 1926 3 s ix 81 [433]

Corneal ulcer treatment. R S LAMB Virginia M Month 1926 lii 728

The treatment of corneal ulcers with the electrothermophore F D PHINNEY Ohio State M J 1926 xxxi 12

N BALADO Bol

cataract

s of unu

S 1926

1926 35 ix 118

Hole in the macula DEW HALLETT J Ophth Otol & Laryngol 1926 xxx 60

Central retinal hemorrhage synchronous with the onset of the menstrual period E N NEULEN Am J Ophth 1926 35 ix 85

Embolism of the central artery of the retina in the course of varicella E BESETERVIDE and F LOZZO Semana med 1925 xxxv 1662

Vision without eye E VUILLERMOZ Semana med 1926 xxxv 39

Compensation for loss of vision due to industrial diseases or injuries N M BLACK Wisconsin M J 1926 xxx 67

### Ear

The anatomy and physiology of the ear P L MELTZER Arch Otolaryngol 1926 iii 155

Facts of audition I H JONES and V O KNUDSEN Ann Otol Rhinol & Laryngol 1925 xxxv 1013 [434]

Auditory acuity tests: comparison of the results made with two types of audiometer C C BLANCH Arch Otolaryngol 1926 iii 108

Report of two cases together with a note on the interrelation of audiometric tests A G LOHLMAN and F W KRAVZ Arch Otolaryngol 1926 iii 136

The anatomy and physiology of the semicircular canal T G WALES J Oklahoma State M Ass 1926 vii 3

Otitis media purulenta acuta L S SMITH Med J & Rec 1926 cxviii 148

The treatment of suppurative and catarrhal otitis media by Calot's solution V FOTIADIS Arch internat d laryngol 92 xxi 208

Lesions of the aural diathermy J Ophth Otol & Laryngol 1926 xxx 69

The prevention of chronic middle ear suppuration G W MACKENZIE Ann Otol Rhinol & Laryngol 1925 xxxv 1068 [434]

Chronic non-suppurative middle ear-deafness SIR W MILLIGAN J & LOVE N MACLACH and H N BARNETT Brit M J 1925 vii Sect Laryngol Otol & Rhinol 1115 [434]

The results of ionization in chronic middle-ear suppuration N LISTER J Laryngol & Otol 1926 xli 94

Operative treatment of chronic middle-ear suppuration C J J 1925 vi

The eugenes Rhinol

Unusual types of mastoiditis J I KEMLER Arch Otolaryngol 1926 iii 148

Meningococcal mastoiditis O J DIXON Arch Otolaryngol 1926 iii 151

A satisfactory mastoid bandage J RICHARDS Laryngoscope 1926 xxxvi 117

Bal an of Ieru in mastoid surgery J LESHURE J Am M As 1926 lxxvii 550

Results in radical mastoid operations as to hearing P HAMMOND Ann Otol Rhinol & Laryngol 1925 xxxv 1043 [435]

Touch as a substitute for hearing in the interpretation and control of speech I H GAULT Arch Otolaryngol 1926 iii 11

### Nose and Sinuses

The treatment of congested and enlarged inferior turbinates F H B N RIFF J Laryngol & Otol 1926 xli 87

Polyps and cysts of the inferior turbinate JOEL Arch internat de laryngol 1925 xxxv 1084

An embryoma of the nasal fossa from a soft palate fissure DIGONNET Bull et mém Soc anat de Par 1925 xcv 28

a

11

P1

22

Isurule of the right nasal vestibule: septic thrombosis of the cavernous blood sinus: leptomeningitis: death autopsy A L TURNER and F E REYNOLDS J Laryngol & Otol 1926 xli 3 [434]

The nightmare of rhinology (ozæna) G FERRERI Arch internat de laryngol 1925 xxxv 1086

The cure of ozæna with radium JOEL Arch internat de laryngol 1925 xxxv 109

The treatment of ozæna with radium E CASTERÁN Rev m l Lat Am 1925 xi 629

Ozæna and its surgical treatment D G HORMAECHER Clin y lab 1925 xi 480

Otitalgia of sinus origin HUGUET Arch internat

192 xxxv 1012 [436]

Effect of the inferior ethmoid cell and the phenoid sinus in relation to the distribution of the trigeminal nerve H HAYS Am J Surg 90 1

Hyperplastic maxillary sinusitis W MITHOEFER Clin internat J M 1926 i 618

Incision of the maxillary sinus S L RISKIN La

The treatment of sinusitis by diathermy J I USLENGHI Semana med 1926 i 36

The toll of chronic nasal focal infection on body and mind P WATSON WILLIAM J Laryngol & Otol 1925 xli 765

### Mouth

The surgical repair of harelip and cleft palate deformities J W GIBBOY South M & S 1926 lxxviii 77



xxiv 233

Oral mycosis with the report of a case D W DAY  
Illinois M J 1926 xlv 138

Fungus of the tongue D MACFARLAN J Ophth Otol

ev d chirug

Clin N Am

1926 iv 1139

Chronic abscess of the tongue G BAGGIO Policlin

Rome 19 5 xxxi sez chir 531

Cysts in the floor of the mouth O J STEIN Ann Otol

Rhinol &amp; Laryngol 1915 xxv 1022

[436]

Georgia 1926 xv 30

## Pharynx

Surg 19 6 xii 561

The treatment of thyroid diseases L H SCHWARTZ  
Cincinnati J M 1926 vi 631

Convulsions following thyroidectomy—report of a case

W P LAYNE Virginia M Month 1926 lii 725

Hyperthyroidism A I RUDENSTON Med Times

1926 lii 39

The vital capacity in hyperthyroidism I M RABINOVITZ

xxiv 106

[437]

A case of acute pneumococcal pneumonia with multiple  
and grave complications A FRANCHINI Semana m d

192 xxxii 1450

The technique of adenotomy affect my J C G MACNAUL

Brit M J 1926 i 236

Surgical tonsillectomy and its technique G SCHIFF

1103

69

Iodine in the treatment of hyperthyroidism H

THOMAS JR and W F RICHMOND South M J 1926

vi 87

The general treatment of Flatau Based w d sea

E MILA

forma me

19 5 A

Iodine in the treatment of exophthalmic goiter A

19 6 xxv 237

An adenoidoscope J B H WARE Laryngoscope

1926 xxvi 147

Hæmorrhage from the nasopharynx following adenoid

curette F C ORMEROD J Laryngol &amp; Otol 1926

xli 97

An unusual cause of death after the removal of adenoids

and tonsils H B LAWSE J Laryngol &amp; Otol 1926

xli 97

Radiodermatitis in the treatment of inoperable malign

ant disease of the upper air and food passages S W

MILLIGAN Brit M J 1926 i 364

[437]

## Neck

Applied anatomy and physiology of the thyroid G S

1926 i 1006

[437]

The parathyroid hormone and tetany S P BUS

South M &amp; S 1926 lxxviii 82

The separation of an internal secretion of the pan

thyroid gland L BERMAN J Lab &amp; Clin M d 1926

xi 412

Changes in blood serum calcium following the adminis

tration of parathyroid extract J W SWERDLO and E F

F COPE California &amp; West Med 1926 xxiv 185



Some comments on modern exeresis of the phrenic nerve E ATEVOLI *Riforma med* 1925 xi 1044  
 Phrenic evulsion as an aid in the treatment of pulmonary tuberculosis and bronchiectasis H M DAVIES *Brit M J* 1926 i 315  
 Compression paralysis of the long thoracic nerve following an abdominal operation M THOREK *Am J Surg* 1926 xi 26  
 Pecklinghausens syndrome in an incomplete form J M JORGE and D BRICHETTO-BRIAN *Semana med* 1926 xxi 140  
 Further results of nerve anastomosis SIR C BALLANCE L COLLEDGE and L BAILEY *Brit J Surg* 1926 xii 533 [444]  
 An experimental study of transplantation of nerves G PERROTTI *Ann ital de chir* 1925 iv 855 [445]

### Sympathetic Nerves

The pathogenesis of asthma in its medical and surgical treatment. DANIELOPOLU *Presse méd Par* 1925 xxiii 1585  
 G.

FRASER *Brit M J* 1926 i 359  
 A case of lumbar sympathetic ramisection showing well marked vasomotor paresis twelve months after the operation. A S B BARKART *Proc Roy Soc. Med Lond* 1926 vi Sect Orthop 12  
 The treatment of trophic and gangrenous affections of the limbs by resection of the cervicothoracic and lumbo-

sacral sympathetic trunks J DIEZ *Arch franco-belg de chir* 1925 xxviii 875  
 The functional condition of the heart after extirpation of the cervicothoracic sympathetic T JONESCO and D JONESCO *Presse méd. Par* 1925 xxiii 1697

### Miscellaneous

391 The value of examination of the cerebro spinal fluid

ccc 440

## SURGERY OF THE CHEST

### Chest Wall and Breast

The report of a case of supernumerary axillary mammary glands I TERRAZINI *Rev méd de Rosano* 1925 xv 324  
 Subsequent examinations of patients treated for mastitis in a period of twenty years I WALZEL WIESENTEU and F STARLINGER *Deutsche Ztschr f Chir* 1925 cxvi 336 [416]

### Trachea Lungs and Pleura

Disease and foreign bodies in the air and food passage E W CARPENTER *J South Carolina M Ass* 1926 xxi 27  
 A historical survey of peroral endoscopy I MOORE *Brit M J* 1926 i 28  
 Tracheobroncho-oesophagostomy W B WHITE *Med J*

1926 ix 71  
 Pulmonary blood pressures an experimental study J F SCARFF *Arch Surg* 1926 xii 591 J P

1 Crén  
 1 ctomy  
 all et  
 1 s with  
 1926 4 days  
 1926

1926 xxi 59  
 Operable carcinoma of the breast treated by radium and X rays J H D WEBSTER J P THIÉRENS and F G NICHOLAS *Lancet* 1926 ccc 431  
 The treatment of cancer of the breast by deep radiotherapy C CHAMBACHER and W RIEDER *Presse méd Par* 1925 xxviii 1718  
 Surgical treatment of carcinoma of the breast OLIVARES *Arch. de med. chir. y e pcial* 1925 xxi 489

xvi 168  
 The etiology of postoperative pulmonary abscess F HOLMAN *Ann Surg* 1926 lxxviii 240 [416]  
 Post tonsillectomic pulmonary abscess C JACKSON *Atlantic M J* 1926 xxxix 309

Abscess and gangrene of the lung T P WILLIAMS

I 1926 xvi 165

Bronchostomy for bronchiectatic suppuration in the

upper left lobe of the lung H NEUMER Ann Surg

1926 lxxvii 295

Pulmonary sclerosis L SOZA Rev méd Lat Am

1925 xi 649

Primary carcinoma of the lung, a clinical and patholog-

ical study from the Cook County Hospital with a report of

twenty-one necropsies and three biopsies J S GROVE and

S E KRAMER Am J M Sc 1926 clxxi 250

A case of carcinoma of the bronchus T L S WILLIS

Proc N Y Acad Med 1926 xxi 1140

Cancer of the heart R KAPINOW Ann Surg 1926

lxxviii 161

Pericarditis probably tuberculous developing in the

course of pleurisy on the left side pericardotomy re-

covery P P SOKOL and BAZA Bull et mém Soc nat de

chir 1925 li 1140

Canadian M As J 1926 xvi 165

Bronchostomy for bronchiectatic suppuration in the

upper left lobe of the lung H NEUMER Ann Surg

1926 lxxvii 295

Pulmonary sclerosis L SOZA Rev méd Lat Am

1925 xi 649

Primary carcinoma of the lung, a clinical and patholog-

ical study from the Cook County Hospital with a report of

twenty-one necropsies and three biopsies J S GROVE and

S E KRAMER Am J M Sc 1926 clxxi 250

A case of carcinoma of the bronchus T L S WILLIS

Proc N Y Acad Med 1926 xxi 1140

Cancer of the heart R KAPINOW Ann Surg 1926

lxxviii 161

Pericarditis probably tuberculous developing in the

course of pleurisy on the left side pericardotomy re-

covery P P SOKOL and BAZA Bull et mém Soc nat de

chir 1925 li 1140

Canadian M As J 1926 xvi 165

Bronchostomy for bronchiectatic suppuration in the

upper left lobe of the lung H NEUMER Ann Surg

1926 lxxvii 295

Pulmonary sclerosis L SOZA Rev méd Lat Am

1925 xi 649

Primary carcinoma of the lung, a clinical and patholog-

ical study from the Cook County Hospital with a report of

twenty-one necropsies and three biopsies J S GROVE and

S E KRAMER Am J M Sc 1926 clxxi 250

A case of carcinoma of the bronchus T L S WILLIS

Proc N Y Acad Med 1926 xxi 1140

Cancer of the heart R KAPINOW Ann Surg 1926

lxxviii 161

Pericarditis probably tuberculous developing in the

course of pleurisy on the left side pericardotomy re-

covery P P SOKOL and BAZA Bull et mém Soc nat de

chir 1925 li 1140

Canadian M As J 1926 xvi 165

Bronchostomy for bronchiectatic suppuration in the

upper left lobe of the lung H NEUMER Ann Surg

1926 lxxvii 295

Pulmonary sclerosis L SOZA Rev méd Lat Am

1925 xi 649

Primary carcinoma of the lung, a clinical and patholog-

ical study from the Cook County Hospital with a report of

## Oesophagus and Mediastinum

An anatomical and pathological contribution on the

critical location of foreign bodies in the oesophagus causing

death A STEFANI Policlin Rome 1925 lxxvi sez med

616

Stenosis of the oesophagus J H FITZGERIBON North

west Med 1926 xxv 94

An instrument for the application of diathermy to the

oesophagus A J WRIGHT Proc Roy Soc Med Lond

1926 xix Sect Laryngol 25

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

## Miscellaneous

Direct endoscopy of the lower air passages and upper

food tracts in diagnosis W HILL Practitioner 1926

cxxi 119

Status lymphaticus M I NEAL J Missouri State M

As 1926 xiii 47

The diagnosis and treatment of intrathoracic new

growths L S T BURRELL Lancet 1926 ccv 435

The significance of the vital capacity in intrathoracic

therapy J L YATES Arch Surg 1926 xii 257 [449]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

## Heart and Pericardium

Spontaneous rupture of the heart F K NEZUM and

H J HAGEN Am J M Sc 1926 clxxi 183

The diagnosis of obliterating thrombosis of the left

auricle A ACUBERTIN and G KIMÉ Presse méd Par

1926 xxiv 97

The surgical aspect of mitral stenosis E C CUTLER

Arch Surg 1926 xii 2 [447]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

1926 xxxvi 1 [448]

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

## SURGERY OF THE ABDOMEN

### Abdominal Wall and Peritoneum

Umbilical hernia a method of perative treatment

H B STONE Arch Surg 1926 i 494

Sliding hernia D J MACLEITH Internat J Met &

Surg 1926 xxix 53

The inguinal hernia R A WORSLEY South M J

1926 xix 131

Inguinal hernia containing a full entire horn of a

bovine - - - - -

A

ch

1

A clinical and pre-operative study of the thymus in

children of the tonsil and adenoid age H P MOSHER

A S MACMILLAN and F E MOTLEY Laryngoscope

Abscess of the urachus A RANDALL Ann Surg 1926

lxviii 315

Tumor of the urachus A RANDALL Ann Surg 1926

lxxviii 316

Acute peritonitis a newer conception of treatment with

a new instrument for draining the ileum and introducing

fluids into the cecum Preliminary report K M HARRIS

South M J 1926 xix 127

A case of pneumococcal peritonitis recovery without

operation I O ELLISON H L TIDY and L G WILLIAMS

Lancet 1926 ccx 234

A discussion on the diagnosis and treatment of tubercu-

lous peritonitis H A MCKNIGHT Ohio State M J

1926 xxi 135

1

Oxygen inflation of the peritoneal cavity in exudative tuberculous peritonitis A L GARRAT *J Am M Ass* 1926 lxxvi 601

xl 39

Four cases of acute perforation of the pyloric region. L E GAC *Bull et mém. Soc de chir de Par* 1925 xlv 541

The healing of gastric ulcers B B CROHN S WASSKOFF and P W ASCHNER *Arch Int. Med* 1926 xxxvi 217 [453]

The roentgenological study of gastric ulcer E L LANARI *Arch argent. de enferm d apar d e t* 19 5 203

The present status of the treatment of ulcer of the stomach F L RICO *Rev méd de Sevilla* 1925 xlvii, 6 277

### Gastro Intestinal Tract

Gastric motility I The origin and character of gastric motility E KLEIN *Arch Surg* 1926 xli 571 [450]

Gastric motility II The conduction of the gastric peristaltic wave F KLEIN *Arch Surg* 1926 xli 581 [450]

The action of splenic extracts on the movements of the digestive tract C MAZZANTI *Sperimentale* 1925 lxxiv 747 [451]

X-rays in the diagnosis of gastro-intestinal disorders

491

[453]

xl 349

xl 349

Perforated gastrojejunal ulcer six and one half years after gastrojejunostomy H NEUF *Ann Surg* 1926 lxxvii 294

Fundamental principles in surgery of the stomach and duodenum report of 400 cases D C BALFOUR *Gynec & Obst* 1926 xli 167 [453]

The case against indiscriminate surgery for peptic ulcer W A BASTEDO *Med J & Rec* 1926 cxiii 141 [454]

The surgery of gastric and duodenal ulcers G DE TARATS *Ann Surg* 1926 lxxvii 217 [454]

The surgical treatment of gastric and duodenal ulcers E KUTSCHA LISSBERG *Deutsche Ztschr f Chir* 1925 cxvi 1 [455]

of the antrum and

cxvi 1 [456]

the [457]

vi 166

ret 554

f

G

h

res

of a

nal

FR

J 1926 xix 100

The diagnosis and treatment of diseases of the stomach Ed 9 I BOAS 1925 Leipzig Thieme [452]

The value of examination of the gastric contents in the diagnosis of gastropathies. I ESCUDERO *Semana méd* 1926 xxxii 7

Last season's gastro-enteritis E H M STEPHEN *Med J Australia* 1926 i 182

Congenital indurated gastritis with perforation in a child 3 days old REPAUX and DURANTE *Bull et mém Soc anat de Par* 192 xcv 289

Gastric pain C MILLER *Bri M J* 1926 i 369

Cardiospasm. P P VINSON *New Orleans M & S J* 1926 lxxviii 483

A useful modification of Cohn's test in the diagnosis of cardiospasm. A KNIFFER *Polichin Rome* 1925 xxxii sez prat 1511

T W

h

res

of a

nal

FR

403  
leptic ulcer A H BEALL *Texas State J M* 1926 xli 595

The dietetic treatment of chronic constipation E E  
CORNWALL Med Times 1926 liv 37

Rome 1925 xxxix sez chir 537  
A case of perforating duodenal ulcer V M MOLLA  
Med Ibera 1925 ix 572

The question of gastro-enterostomy in duodenal ulcers  
G WOOLSEY Surg Gynec & Obst 1926 xli 90 [458]  
The surgical treatment of gastric and duodenal ulcer  
J DOUGLAS Surg Gynec & Obst 1926 xli 106 [458]  
Treatment following operation for ulcer of the duodenum  
and stomach G B EUSTERMAN Surg Gynec & Obst  
1926 xli 161 [458]  
Symptoms and pathogenesis of secondary jejunal ulcer  
S GUSTIN P I I

Myoma of the ileum LAMARE and LARGET Bull et mém  
Soc anat de Par 1925 xcv 272  
The large intestine and vagus sympathetic action S D  
LEDLUM and E M DONALD Med J & Rec 1926 cxxiii  
223

Diversities of the colon W M MILLS J Kansas M  
Soc 1926 xxvi 30  
Two case of volvulus of the pelvic colon GRUGET and  
KUSS Bull et mém Soc nat de chir 1925 li 1115

X-ray diagnosis of colonic lesions C P RUTLEDGE  
New Orleans M & S J 1926 lxxviii 502  
A case of late intestinal perforation in the course of  
convalescence in typhoid fever DARAIGNEZ J de méd  
de Bordeaux 1925 cli 1086

Some functional disturbances of the colon a clinic E  
L GARDNER J Lancet 1926 xlii 75  
Chronic ulcerative colitis M S WOOLF California &  
West Med 1926 xlv 191

Idiopathic ulcerative colitis with special reference to  
the etiology and treatment A H LOGAN Illinois M J  
1926 xlix 111 [458]

Operative treatment of cancer of the colon C C HOLMAN  
Brit M J 1926 i 313

Closure of an abdominal anus V PAUCHET Paris chir  
1925 xvii 321

Acute syndromes involving the cæcum and ascending  
colon C VILLARAY Crón méd Lima 1925 xli 36

A tuberculous cæcal tumor C A JOHNSON California  
& West Med 1926 xxiv 198

Gangrenous perforation of the cæcum secondary to a  
neoplasm of the transverse colon BOPPE and BARBIAN  
Bull et mém Soc anat de Par 1925 xlv 302

Large cysts of the ileocecal appendix M LARGET and  
J P LAMARE Bull et mém Soc anat de Par 1925  
xcv 257

Actinomycosis of the appendix C F J BARON Brit M  
J 1926 i 234

A case of traumatic appendicitis W A LOUHERINGHAM  
S mana méd 1925 xxxii 1681

Mi taken diagnoses of acute appendicitis B J GAL  
LAGHER Minnesota Med 1926 ix 19

Three cases of appendicitis and their clinical symptoms  
E BELLO Crón méd Lima 1925 xli 361

Acute appendicitis secondary adrenal insufficiency  
blood transfusion recovery AUMONT and MICHON Bull  
et mém Soc nat de chir 1925 li 1008

Acute appendicitis in the aged B ANDERSON Brit M  
J 1926 i 234

The appendix in a hernial sac A J PIRIE Brit M J  
1926 i 373

The problem of chronic appendicitis L L BIGELOW  
Am Med 1926 xxi 91

Five kinds of chronic appendicitis R T MORRIS Am  
J Obst & Gynec 1926 xi 180

Shoulder pain of phrenic origin—a reflex symptom in  
chronic appendicitis I GRAY Med Press 1926 cxxii 135

Factors influencing appendicitis mortality results in  
11400 case F C WARRSHUIS J Am M Ass 1926  
lxxvi 469

Appendiceal fistula R BONNEAU Presse méd Par  
1926 lxxiv 101

Appendicectomy for the relief of thirst and inanition  
after abdominal operations H DEL CRAWFORD Brit M  
J 1926 i 236

Cancer of the right colon O COPELLO Arch argent de  
med 1926 xli 1086

The relation of rectal disturbances to other pelvic  
diseases C J DRUCEA Clin Med 1926 lxxviii 106

Wounds and rupture of the rectum. C. J. DRUCK *Am. Med.* 1926 xxxii 114

The isch procedure in prolapse of the rectum J. CARRIDO LESTACHE *Pediatr. españ.* 1925 xiv 339

Rectal examinations by the general practitioner C. GOLDMAN *Am. Med.* 1926 xxvii 96

An obversoscope for proctoscopy L. A. BUTE *Surg. Gynec. & Obst.* 1926 xlii 285

Chronic amebic rectocolitis and intestinal polyposis M. R. CASTEX, N. ROMANO and J. J. BERETTERVIDE *Arch. argent. de enferm. d. apar. digest.* 1925 i 326

An effective treatment for inflammatory stricture of the rectum R. BENSAUDE and J. H. MARCHAND *Presse méd. Par.* 1925 xxxiii 1588

Two neoplasms of the rectum removed by the abdominopertoneal route L. GAC *Bull. et mém. Soc. d. chir. guens de l'ar.* 1925 xvii 536

Remarks on cancer of the rectum J. M. LYNN *Am. J. Surg.* 1926 xl 25

Carcinoma of rectum combined abdominopertoneal resection with panhysterectomy P. K. SAUER *Am. J. Surg.* 1926 xl 41

Ecteresis by the inferior route combined with radium therapy as the procedure of choice for the radical treatment of cancer of the rectum L. MAYER *Bruxelles méd.* 1925 vi 283

Imperforate anus with megalocolon and terminal peritonitis R. W. JONES *Brit. J. Surg.* 1926 xiii 575

(459)

### Liver Gall Bladder Pancreas and Spleen

Gunsbot wounds of the liver D. G. DIAZ *Semana méd.* 1926 xxxiii 37

A floating hepatic lobe A. J. F. CAVE *Lancet* 1926 ccx 340

Testing of liver function detoxication by the liver H. VESSELL and C. P. SHERWIN *Arch. Int. Med.* 1926 xxxvii 257

The excretion of phenolsulphonephthalein in obstructive jaundice H. A. ABRAHAMSON *Arch. Int. Med.* 1926 xxxvii 291

vi 156

Cholecystography by the oral method L. G. RIGLER *J. Lancet* 1926 xlii 65

Cholecystography with especial reference to its employment on ambulatory patients S. MOORE *South M. J.* 1926 xix 106

Cholecystography with especial reference to its employment on ambulatory patients L. P. GAY and S. MOORE *South M. J.* 1926 xix 109

Gall bladder disease J. L. CANNADY *Internat. J. M. d. & Surg.* 1926 xxxix 49

Hyperasthesia in disease of the gall bladder Z. COPEL *Lancet* 1926 ccx 285

Gassy indigestion its significance as a symptom of gall bladder disease with a review of 1214 cases of cholecystectomy A. R. CAMPBELL *Canadian M. Ass. J.* 1926 xvi 151

161

Lambliasis and cholecystitis C. PAPPALARDO *Riv. roma*

it. & La

11185

26 ccv

Lohary

11185

1925 iv 263

Spontaneous sloughing of the gall bladder after cholecystostomy C. R. VICKRAY *Am. J. Surg.* 1926 xli 37

1

xxxviii 50

White bile (hydrops of the bile duct) L. FREEM *Colorado Med.* 1926 xxxii 45

Traumatic rupture of the hepatic duct S. A. WALLACE and A. SERRA *Brit. J. Surg.* 1926 xiii 53

Some practical points in the diagnosis and treatment of acute pancreatitis J. A. WOLFER III *Mich. M. J.* 1926 xlii 14

11185 11185 11185 11185 11185 11185 11185 11185 11185 11185

11185

11185

11185

11185

11185

11185

- A study of the contractility of the spleen P LAGNIEZ  
F COSTE and A ESCALIER Presse méd 1ar 1925  
xxxii 1633  
Primary sarcoma of the spleen a new case with metas-  
tases G FLITTA P lchin Rome 1925 xxvii scz chir 5/6

## Miscellaneous

- Situs inversus viscerum M CLEVELAND Am J Surg  
19 6 xl 40  
Thoracoabdominal injuries and a duodenopancreatic  
gunshot injury D PRAT An Fac de med Univ de  
Montevideo 1925 x 865  
A case of diaphragmatic hernia H GRENET G MAIN-  
GOT and SCHMITE Bull et mém Soc méd d hôp de Par  
19 xli 1493  
Two cases of congenital diaphragmatic hernia J N  
CRICKSHANK Glasgow M J 1926 cv 81  
Celiac disease its definition and diagnosis I MILLER  
Lancet 1926 ccx 330  
Celiac disease I S POTTER Arch Internat 1926 xliii 84  
Differential diagnosis in upper abdominal disease R  
Canner J Lancet 1926 xlii 9

ccx 328

Epileptic distal functional causes and treatment  
A. C. Brown C. d. n. M. A. J.

n2

of

xxxii 2 [rat 1748]

Abdominal cysts R DELA FUENTE Bol Soc d ciruj  
de Chile 19 6 iii 340Retropenton al lipomata G ANTONIOLI I lchin  
Rome 1925 xxxii cz chir 583A retroperitoneal lipoma of the right iliac fossa  
BRODIER and OZENNE Bull et mém Soc d chirurgiens  
de Par 19 3 vii 331 Par chir 1925 vii 345A case of subphrenic abscess simulating empyema  
CUMMING N Zealand M J 1926 xiv 10Twenty five years progress in abdominal surgery A H  
BURGES Brit M J 19 6 i 225

## GYNECOLOGY

## Uterus

- The treatment of uterine retrodeviation LIQUE Cyn c  
et ob 1 19 5 xii 476  
Retroposition of the uterus a present-day estimate  
J F McGRATH Surg Gynec & Obst 19 6 xlii 41  
A lecture on the development of vaginal operation for  
genital prolapse W F FOTHERGILL Brit M J 19 6 i  
213  
Congenital absence of the cervical cavity of the uterus  
P FINKE Bruckl s méd 1926 vi 321  
The value of roentgenological examination in the diag-  
nosis of utero-adnexal affections I GREGGIRE C  
BÉCHERE and DARRIOS Bull et mém Soc nat de chir  
1925 li 995  
R. n. - - - - -  
cu  
cl  
1925 li 1137  
Uterine perforation foreign body in the abdominal  
cavity F F CARRANZA and H R M LEAVES Bol Soc  
de obst y gynec de Buenos Aires 1925 iv 590  
R. n. - - - - -

Carcinoma complicating a fibroid of uterus case report  
F STRAHLER Cincinnati J M 1926 vi 641Radio active substances and their therapeutic uses and  
- - - - -

gine de Bueno

Air s 19 5 iv 581  
The result of radiotherapy in a case of cancer of the  
cervix M SENCHERO Rev franç de gynec et d obst  
19 5 xv 673Radium treatment of cancer of the cervix J L HENRO  
TAY Bruckl s méd 1925 vi 252Sarcoma of the uterus G FITZGIBBON and B SOLO-  
MONS Brit M J 1926 i 378

1926 xxxiii 157

Vaginal hysterectomy H BRIGGS A DONALD and  
other Lancet 1926 ccx 344

## Adnexal and Periuterine Conditions

The ovary and carbohydrate metabolism A PERA  
DOTTO Semana méd 1925 xv ii 1591The corpus luteum as a source of the follicular hormone  
C G JOHNSTON and A L GOULD Surg Gynec &  
Obst 19 6 xlii 236Implantation of the ovary into the uterus POUTFART  
THIRAR Bruckl s méd 1926 vi 316Intra uterine transplantation of the ovary and its  
clinical significance R B P MONSON Med J Australia  
1926 i 229Inclusion of an ovary in a uterus partially amputated  
and reconstructed subsequent hysterectomy THÉVENARD  
OZENNE DOBRIEZ and LEURET Bull et mém Soc d  
chirurgiens de Par 1925 vii 547 Ans chir 1925 xvi  
344Classification of tumors of the ovary A G NEUMANN  
Rev méd d Rosario 1925 xv 283Radium in the treatment of uterine fibroids as observed  
in 1170926 lxi 72  
General considerations of 319 operations for uterine  
fibromyoma R UCRÓ and J DE FRANCISCO Rev med  
quirurg hospitales 1925 i 221



A case of dermoid cyst of the ovary K. SINGH Indian  
M Gaz 1926 lxv 71

Ovarian malignancy with special reference to Kruken-  
berg tumors R F MATTERS Med J Australia 1926 i  
181

Broad ligament inclusions FORQUE and CROUSSE  
Gynec et obst 1925 xii 197 [464]

Tubal insufflation R POLLART Bruxelles méd 1926  
vi 353

Paroxysmal tachycardia following the use of air in  
— — — — —

LEE Endocrinology, 1926 x 43

A new hypothesis as to the cause of menstruation  
P CARLINI Rev de gynec. et obst 1925 xiv 473

The etiology and treatment of vaginal menorrhagia  
P PAVELESKO Gynec et obst 1925 iv 16

Pelvic neurology in women E. HAUCH Bruxelles-m d.  
1925 vi, 204

1925 vi 7

The bacillus vaginalis in its relation to the integrity of  
the female sexual apparatus V JURA Clin obst 1925  
xxvii 561

xxi 28

### External Genitalia

1238

Vaginal calculus H C BRISTOWZ Brit. M J 1926 i

284  
A report of a case in which there were cysts of the  
vagina of uncommon size A MATTINA Clin Obstet 1925  
xxvii 578

Primary fibromyoma of the vagina H CAPPER Rev  
de gynec. et obst 1925 xix 463

### Miscellaneous

Forty years gynecology 1885-1925 Part 1 J E  
GEMMELL Med Press 1926 clxxii 153

## OBSTETRICS

### Pregnancy and Its Complications

Early signs of pregnancy L DROSTY Med J & Rec  
1926 cxli 218

Some difficulties in the diagnosis of early pregnancy  
from the surgeons viewpoint J A CRISLER New Orleans  
M & S J 1926 lxxviii 507

A pregnant uterus without apparent adnexa RUDAUX  
and DURANTE Bull et mém. Soc anat de Par 1925 xcv  
284

The demonstration of shifting edema in pregnant  
women R BUND Monatsschr f Geburtsh u Gynaek  
1925 lxx 132 [467]

Retroversion and pelvic inclusion of the pregnant uterus  
requiring disengagement by laparotomy and ligamentopexy  
R. BOYVEAU Rev franç de gynec et obst 1925 xx 678

Torsion of the pregnant uterus H KATZNER Bruxelles  
— 6 vi 11

Attempted abortion in the course of an extra uterine  
pregnancy not diagnosed O BUDOSAN Gynec et obst  
1925 iv 27

Ectopic pregnancy of an anomalous fallopian tube  
report of a case J W STECKBAUER J Am M Ass. 1926  
lxxviii 611

Tubo-abdominal pregnancy operation transfusion  
recovery A WEYMERSCH Rev franç de gynec. et d obst  
1926 xxi 26

An unusual case of extra uterine gestation H CHAND  
Indian M Gaz 1926 lxv 72

Full term ovarian fetation L E ACOMB and T I  
Cox Brit M J 1926 i 370

Prolapse of the placenta M  
Gynec 1926 xi 189

Placenta praevia with special reference to treatment  
D H SMITH J South Carolina M Ass 1926 xxi, 36

Placenta praevia in obstetrics and gynecology N P  
COSTA and P A LANDA Bol Soc de obst y gynec. de  
Buenos Aires 1925 iv 602

1926 xi 34

Extra uterine abdominal pregnancy C S WACHS Med  
J & Rec 1926 cxlii 241

Cesarean section for central placenta prævia G  
7 1926 10 1

Therapeutic abortion. VITAL AZA Siglo méd 1926  
Iron 21  
The study and comparative value of the different  
methods —

SCHLAPP Anes & Anal 1926 v 30  
A 100

Am J Obst & Gynec 1926 vi 378

The use of fluids in the treatment of hyperemesis gravi-  
darium. V J HARDING and H B VAN WYCK Am J  
Obst & Gynec 1926 vi 378 [468]

The amino acid and polypeptid content of the blood  
during pregnancy labor and the puerperium with par-  
ticular reference to the toxæmia of pregnancy H  
SCHLOSSMAN Ztschr f d ges exper Med 1925 xlvii  
437 [468]

Obst. of the R D [469]  
RG and

I I 1926 10 1  
The intramuscular injection of magnesium sulphate for  
the control of convulsions in eclampsia L DORSETT Am  
J Obst & Gynec 1926 xi 227 [469]

A study of some detail of method employed in the  
cytological examination of the urine particularly in pye-  
lonephritis of pregnancy LE LORTIER and FISCH Gyn'c  
et obst 1925 xi 467

Pyelitis in pregnancy P F BUTLER Am J Roent-  
genol 1926 xv 144 [469]

The prevention of stillbirths C R HANNAH Am J  
Obst & Gynec 1926 xi 231

### Labor and Its Complications

Irrigation of the external genitalia for delivery with  
vodka alcohol a report of 100 cases so treated with the  
bacteriological results B LANKFORD Am J Obst &  
Gynec 1926 xi 219

The relation of the physiology and mechanics to the  
management of labor W A FOWLER Am J Obst &  
Gynec 1926 xi 212

The respective indications for abdominal and vaginal  
delivery at term P DELMAS Clin y lab 1926 xi 49

Synergistic analgesia during labor L A CHROUCH  
J Michigan State M Soc 1926 xiv 59  
Scopolamine morphine narcosis in childbirth E C  
P 1926 10 1

WAWN

LER J

Total gangrene of the scrotum of the infant during  
the course of labor with breech presentation A VAN  
C 1926 10 1  
H D FAIR

1 J Obst &

Gynec 1926 vi 206

The application of the forceps to the transverse head  
for delivery of persistent occipitoposterior cases H C  
WILLIAMSON Am J Obst & Gynec 1926 xi 37 [470]

Elective version and extraction P T HARPER N  
York State J M 1926 xvi 134

The management of persistent occipitoposterior position  
by the use of the Kielland forceps or manual rectification  
C S BACON J Am M Ass 1926 lxxvi 465

A case of dystocia due to the retention of urine in the  
fetus F JULLIEN Rev franç de gynéc et d obst 1926  
xxi 24

1926 10 1

Med J u tralia 1926 1 232  
INGEN

1925 [470]  
xxxi 727

Obstetrical shock J AKERMAN South M J 1926  
xi 134

Unexpected maternal deaths occurring during parturi-  
tion and early in the puerperium J Sr G WILSON a d  
L GLENN Lancet 1926 ccc 392

The pathology and treatment of postpartum hem-  
orrhage W STOECKEL Arch f Gynaek 1925 cxxv 1  
[470]

### Puerperium and Its Complications

Inversion of the uterus L E PHANEUF Am J Obst &  
Gynec 1926 xi 171

The treatment of puerperal insanity P LALOR Med J  
Australia 1926 1 247

Fatal supratrenal syndrome of the Addisonian type in  
its relation to the puerperium GRUENSHOLZ Gynec et  
obst 1925 xi 437

### Newborn

The causation and prevention of mortality during the  
first month of life M HARPER Med J Australia 1926  
1 207

Stillbirths and early infantile mortality P L HIPSLEY  
Med J Australia 1926 1 203

Intracranial hemorrhage in the newborn W SHARPE  
Am J Surg 1926 xi 1

Intracranial hemorrhage in the newborn A S MAC LAIRE Med J & Rec 1926 cxviii 215  
 Iniencephalus case report J D CRESS South M J 1926 xix 136

### Miscellaneous

Obstetrics and the future H THOMAS Med J & Rec 1926 cxviii 239  
 A few thoughts on the teaching of practical midwifery and gynecology D C MADILL Irish J M Sc 1926 p 70  
 Obstetrical technique in the modern hospital F B KILGER J Missouri State M Ass 1926 xxiii 62  
 A statistical study of obstetrical cases in the Central Sanitarium of the National Red Cross from November

1923 to October 1925 A FERDINAND Rev med-chirurg hospitales 1926 1 247

The importance of previous labors in the obstetrical

M As 1926 lxxvi 409

The action of pituitary extract administered by the

## GENITO-URINARY SURGERY

### Adrenal Kidney and Ureter

Some observations on the suprarenal gland H M WALKER Clin O M J 1926 cv 85  
 The action of insulin in adrenal insufficiency MARANDOU Arch de med-chirurg special 1926 xxii 145  
 The relation of suprarenal insufficiency to febrile delirium FARGOWLA Policlin Rome 1925 xxiii sez prat 1671  
 Perinephritic abscess R H LOTT J Iowa State M Soc 1926 xvi 62

Infected left calculous hydronephrosis in the right iliac fossa E BEER Internat J Med & Surg 1926 xxxi 63

Urol 1926 xv 143  
 Renal cysts E SCIMMY Policlin Rome 1925 cxii sez prat 1364

Constitutional cystic disease of the kidneys liver and pancreas W G SEARS Guy's Hosp R p Lond 1926 lxxi [473]

31 Considerations on the pathogenesis of renal infection D P CIFUENTES Siglo med. 1925 lxxii 581 604

Tuberculosis of the kidney S BOZORTH Northwest Med 1926 xix 84

Renal tuberculosis and its diagnosis: a particular study of some cases F CAFFORT Presse med Par 1926 xxiv 4

Trauma and tuberculosis of the kidney in a diabetic H W HOWARD and J LE COOTE Northwest Med 1926 xxi 83

Present-day tests for the excretory function of the  
 Urol 1926 xv 143

J L

vis J [472]

Urol 1926 xv 189  
 The diagnostic importance of the pyelogram in chronic abdominal condition S J STANKE J Med As Georgia 1926 xv 43

Pathological conditions of the kidney considered roentgenologically B H NICHOLS South M J 1926, xix 6 [472]

The roentgen picture of fused kidney A POSSATI Arch ital de urol 1926 ii 3 [472]

A case of anomalies of the renal pelvis NAVAS Proce de la clin Madrid 1925 xxiii 6

Hydronephrosis in a solitary horseshoe kidney on the right side heminephrectomy recovery C F BLANCHETTI Arch ital de urol 1925 ii 57 [473]

The hydronephrotic kidney R L LITCHFIELD J Iowa State M Soc 1926 xvi 60

wlv 1 in infant

LEY [474] ab

1926 xii 57

— f m i f fancy

I

J

Detapsulation of the kidney symptomatic treatment of severe oliguria and anuria A L E RENARD Presse méd Par 19 6 xxxiv 42

Nephrectomy in infancy A C MORSON Brit M J 1916 1 371

Complete bilateral duplication of the ureters and renal pelvis J T MCKENNEY and S B CARY Am J Roent genol 1916 xv 149

Ectopic ureteral openings surgical significance and treatment E F KILBANE Surg Gynec & Obst 1916 xlii 32 [475]

Megalo ureter J F CEISINGER Virginia M Month 1916 lii 97

Structures of the ureter JENKINS N Zealand M J 1916 xiv 1

Ureteral kinks I SIBSON J Urol 1916 xv 29 [475]

Ureteral stricture G R LIVERMORE J Urol 1916 xv 45 [475]

The path logical findings in cases clinically diagnosed as ureteral stricture G L HUNTER and L R WHARTON J Urol 1916 xv 5 [475]

Symptoms of ureteral stricture A H PEACOCK and R F HAINES Northwest Med 1916 xxv 7

The treatment of obstructions of the upper ureter and early hydronephrosis C H PRICK Ann Surg 1916 lxxviii 260 [476]

### Bladder Urethra and Penis

The most effective method of treatment of the bladder

The effect of section of both sacral nerves on intra vesical pressure an experimental study J C POTTER J Urol 1916 xv 197 [476]

False diverticula of the urinary bladder P O BORO and O JACQUES Rev de chirug Buenos Aires 1915 iv 281

Contracture of the bladder neck with multiple diverticula with stones E BEER Internat J Med & Surg 1916 xxxix 63

The differentiation between true and false cystitis N C BRALLACH Rev méd de Sevilla 1915 xliii 23

Bacterial cystitis in the female W F BRIGGS J Urol 1916 xv 209

A vesicotubal fistula due to tuberculosis complicated by colonic fistula E BEER Internat J Med & Surg 1916 xxxix 63

A secular lamblia is M LABBÉ F NEPVEUX and GIVELLI Lull et mem Soc méd d hôp de Par 1915 xli 259

Recurrent dumb bell stone in vesical bladder and diverticulum report of a case W C STERLING J Am M A 1916 lxxvi 478

Vesical and renal calculi in children C F PIERSALL Radiology 1916 vi 159

Cavernous hemangioma of the bladder H KATZ J Urol 1916 xv 201

Total cystectomy for multiple papillomata and carcinoma of the bladder E BEER Internat J Med & Surg 1916 xxxix 63

The treatment of cancer of the bladder by means of surgery electrothermic coagulation radium and the roentgen rays J T STEVENS Urol & Cutan Rev 1916 xxxii 74

Sarcoma of the bladder T BOTTARI Iolichin Rome 1912 xxxii sez chir 501

Urethral catheterization its pitfalls and their avoidance S W MOORHEAD Therap Gaz 1916 35 xlii 1 [476]

A

Ci

Some considerations of the operation of internal urethrotomy and the end results thereof G P B HEDDY Brit J Surg 1916 xlii 458 [476]

Urethral diverticula H H YOUNG and E C SHAW South M J 1916 xiv 42 [477]

### Genital Organs

Op

W

D

Physiological principles in the treatment of benign hypertrophy of the prostate W WALTERS Surg Gynec & Obst 1916 xlii 191

Anterior and lateral cystography in the presence of prostatic adenoma W E COULTS Rev méd Lat Am 1916 vi 49

Prostatic adenoma and traumatic stricture of the urethra prostatectomy in two stages followed by resection of the urethra with urethrorrhaphy recovery L DIX J de med de Bordeaux 1916 ciii 20

The persistence of retention of urine in acute prostatic conditions as a sign of the formation of prostatic abscesses J B PUIG Rev de med y cirug de la Habana 1916 xxxv 5

Minor surgery of the prostate gland—a new cystoscopic instrument employing a cutting current capable of operation in a water medium M STERN Internat J Med & Surg 1916 xxxix 72

Prostatectomy case report S C MCCOY Kentucky M J 1916 xxxiv 97

The preparation of patients for prostatectomy H C BUMPS Surg Gynec & Obst 1916 xlii 182 [477]

The treatment of the surgical patient handicapped by urinary obstruction V C HUNT Surg Gynec & Obst 1916 xlii 187 [478]

Incomplete late results after suprapubic prostatectomy a statistical study H J POLKEY Urol & Cutan Rev 1916 xxxii 65

— — — — —

— — — — —

— — — — —

— — — — —

— — — — —

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— — — — —

— — — — —

— — — — —

— — — — —

— — — — —

Two cases of tuberculosis of the testis with acute course

The recognition and treatment of urinary infection

Interhuman testicular transplants \ LEOTTA *Pol. clin. Rome* 1925 xxxi sez chir 617

Pseudo-hermaphroditism and hypospadias their surgical treatment A EDMONDS *Lancet* 1926 cxx 323

### Miscellaneous

A study of the urinary tract in autopsy specimens correlation of anatomy pathology and roentgenology A E GOLDSTEIN and W J CARSON *J Urol* 1926 xv 155 [480]

Urology in the female T J McBEZ *Med J & Rec* 1926 cxxiii 242

Modern methods in radiography in the renal tract R KNOX *Practitioner* 1926 cxvi 125

The treatment of posterior gonorrhoea L. L. MICHEL *Internat J Med. & Surg* 1926 xxxix 68

The treatment of chronic gonorrhoea. L. ASIAS *Rev*

## SURGERY OF THE BONES, JOINTS, MUSCLES, TENDONS

### Conditions of the Bones Joints Muscles Tendons Etc

173

160

The behavior of sequestra in chronic osteomyelitis A VAN DESSEL *J Bone & Joint Surg* 1926 viii 194 [482]  
Vaccinotherapy in osteomyelitis TRÈVES BARBARIN  
PETIT DE LA VILLÉON *Bull et mém. Soc d chirurgiens de Par* 1925 xvii 535

Tabetic arthropathy R. TALMA *Ann ital di chir* 1925 iv 1193

Arthritis-focal infection from the otolaryngological standpoint C W MACKENZIE *Hahnemann Month* 1926 lxi 62

Polyarthritis report of a case in an infant 6 days old associated with acute rheumatic fever in the mother L F RICHMOND and W H GRIFFITH *Am. J Dis Child* 1926 xxxi 250

The orthopedic aspects of chronic arthritis R B OSGOOD *J Bone & Joint Surg* 1926 viii 1 [482]

Muscle re-education in the early treatment of anterior poliomyelitis E S HATCH *South M J* 1926 xix 123

Primary cavernous angioma of the muscles O

124

What is known regarding ganglia H KUETTER and E HERTEL *Ergebn d Chir u Orthop* 1925 xvii 377

A new occupational bursa (Dustman's bursa) W McA. DOOLLES *Brit M J* 1926 i 323

Ossification of the coracoid ligament. G E JALMER *Brit M J* 1926 i 238

A specimen of secondary ovarian carcinoma of the scapula A S B BANKART *Proc Roy Soc. Med Lond.*

A case of club-hand associated with congenital syphilis E G SCHWARTZ *South M J* 1926 xix 105

Familial finger contracture and associated familial knee joint subluxation. D P McGRATH *J Am. M. Ass.* 1926 lxxvi 395

Osteomyelitis of the sternum A O WILE *Brx and S S SAMUEL* *Ann. Surg* 1926 lxxvii 206

Certain diseases and injuries of the spine in adults E W RYERSON *South M J* 1926 xix 34 [483]

A case of Charcot's disease of the spine St J D  
Buxton Proc Roy Soc Med Lond 1926 xix Sect  
Orthop 10

A contribution to spinal osteo-arthritis involving the  
cervical region G R ELLIOTT J Bone & Joint Surg  
1926 viii 42

Sacralization of the fifth lumbar vertebra F M  
Bustos Semana méd 1926 xxxiii 144

Painful sacralization of the fifth lumbar vertebra  
— — — — —

The syndrome of lumbar pain and lumbar arthritis  
attributed to trauma. S DIEZ Policlin Rome 1925  
xxxii sez med 533

Coccygeal compression TRILLAT Gynec et obst  
1925 xii 464

Systematic diagnosis in backache E T WENTWORTH  
J Bone & Joint Surg 1926 viii 137

Chronic backache from an orthopedic standpoint  
J R KUTH Minnesota Med 1926 ix 76

Chordoma: a review with a report of a new sacrococcyg-  
eal case M J STEWART and J E MORRY J Path &  
Bacteriol 1926 xxix 41

Genu recurvatum following excision for tuberculosis  
P B RORR Proc Roy Soc Med Lond 1926 xix Sect  
Orthop 12

Bipartite patella M L HERVEUX and A RICHE  
Re — — — — —

LE

xxxiv 133

The pes cavus of congenital syphilis C W GORF  
J Am M Ass 19 6 lxxxvi 392

Pendiaphyseal bony neof ormation of the fourth meta-  
tarsal A D RADULESCO Presse méd Par 1926 xxxiv  
37

### Surgery of the Bones Joints Muscles Tendons Etc

Am 1 — — — — — MOORE

HE — — — — — mputa

tio — — — — — G I

Ba — — — — — Obst

1926 xlii 114

Laceration of the flexor tendon and ulnar nerve sutured  
with silk—not immobilized—six months postoperative  
W C WHITE Am J Surg 1926 xl 36

A case of anterior enucleation of the scaphoid and  
semilunar bones OUPARD Rev d'orthop 1926 xxxiii  
53

Division of the long flexor tendon of the thumb BALM  
GARTNER Bull et mém Soc nat de chir 1925 li 674

Trigger fin er and its treatment A MONBERG Hosp  
Tid 1925 lxxvii 29

Arthrodesis for tuberculosis of the sacro iliac joint a  
study of the end results M N SMITH PETERSEN and  
W A ROGERS J Am M Ass 19 6 lxxxvi 26

An end result study of arthrodesis of the sacro iliac  
joint for arthritis—traumatic and non traumatic M N  
SMITH PETERSEN and W A ROGERS J Bone & Joint  
Surg 19 6 viii 118

A — — — — —

1 3 1925 iv 253

Multiple foreign bodies of the knee removal recovery  
LAMARE and LAEGET Bull et mém Soc anat de Par  
1925 xcv 274

Resection of cartilage in fissural degeneration of the  
patellar cartilage—an early operation for arthritis de-  
formans A LAEWEN Beitr z Klin Chir 1925 cxxxiv  
263

Mobilization of the metatuberculous ankylosis of the  
knee R INGEBRIGTSEN Bull et mém Soc nat de chir  
1925 ii 1130

Tendon transplantation to activate the lateral peroneal  
muscles BLANTZEN Rev d'orth p 1926 xxxiii 33

xxxi 5

Bilateral cota plana developing in perfectly normal hips  
P INGELBANS Rev d'orthop 1926 xxxiii 23

Cota vara T P NOBLE and E D HALSER Arch  
Surg 1926 xii 501

Epiphyseal co a vara or displacement of the capital  
epiphysis of the femur in adolescence J A KEY J Bone  
& Joint Surg 1926 vii 3

Cota val a which became cota vara A MOCCHET and  
C ROEDERER Bull et mém Soc nat de chir 1925 li  
1154

A case of unintentional arthroplasty of the hip R C  
ELMSLIE Proc Roy Soc Med Lond 1926 xix Sect  
Orthop 9

The rôle of the tensor fasciae femoris in certain deform-  
ities of the lower extremities C C VOLVT J Bone &  
Joint Surg 1926 viii 171

Primary sarcoma of the quadriceps removal recurrence  
in the form of a chondrosarcoma VERGOZ and SUDAKA  
Bull et mém Soc anat de Par 192 x v 293

Lessons of the semilunar cartilages J R ORTGA Clin  
y lab 1925 xi 473

An operation for double foot R. MORISON and W. MACKENZIE Surg Gynec & Obst 1926 xlii 270  
Operative treatment of hollow foot DUPUY DE TRENEVELL Paris chir 1925 xvii 349

### Fractures and Dislocations

Fractures A. R. HATCHER J Kansas M Soc 1926 xxvi 35  
Experiences with simple galvanization and calcium

Isolated fractures of the transverse apophyses of the lumbar vertebrae BARTHILEMY Bull et mém Soc nat de chir 1925 li 1045

Central fracture of the acetabulum report of a case S. W. BOKSTEN J Am M Ass 1926 lxxvii 61

Complete and constant cure of the hip method of securing complete and constant cure F. CALOT Clin ylt 1917 vii 5

A case of bilateral pathological central luxation of the femur JACHTA Chir d'organismomovimento 1925 lx 60 [489]

Anterior dislocation of the left hip with transverse fracture of the middle third of the left femur W. C. WHITE Am J Surg 1926 xl 3

Partial anterior dislocation of the hip J. W. COPE Proc Roy Soc Med Lond 1926 xix Sect Orthop 13

Fracture of the shaft of the femur delayed reduction by skeletal traction J. A. MCCREARY Ann. Surg. 1926 lxxxiii 297

Ununited fracture of the neck of the femur in a child C. PERKINS Proc Roy Soc Med Lond 1926 xix

Ass 1926 lxxxvi 81

[488]  
T. T.

HAL. DE LU. 1925 p. 999

de chir 1925 i 1  
Fracture of both bones of the forearm a study of 200 cases C. H. BIGLEY Surg Gynec & Obst 1926 xlii 92 [489]

Fractures of the head and neck of the radius. C. W. CUTLER JR Ann Surg 1926 lxxxiii 267

Luxation of the four last metacarpals behind the carpus MALARTIC and JEAN Bull et mém Soc nat de chir 1926 li 1126

GRENSLADE Lancet 1926 cxx 276  
Delbet splints in the treatment of malleolar and subparallel fractures and fractures of the lower fourth of the leg A. CUTTIEREZ Rev de chirug Buenos Aires 1926 iv 268

Compound fracture of the ankle C. R. MURRAY Am J Surg 1926 xl 37  
Two cases of luxation of the metatarsus F. L. COCHER F. PIERI and G. KUSS Bull et mém Soc nat de chir 1925 li 1072

### Orthopedics in General

1104 Bull R

Bull

It p

0 ON

Fracture Surg Gynec & Obst 1926 xlii 283

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## SURGERY OF THE BLOOD AND LYMPH SYSTEMS

## Blood Vessels

- Vascular sclero 12 G R GONZALO Siglo méd 1925  
lxvii 60  
Familial telangiectasia C F T EAST Lancet 1926  
ccx 332  
A case of pigmentary nevus J A DRAKE Proc Roy  
Soc Med Lond 1926 xix Sect Dermatol 18  
Considerations on a rare aneurysm of the  
portal trunk R G CABRED Semana méd 1925  
xxviii 109  
An anomaly of the axillary artery BENCURIA PÉREZ  
TORRENS and PÉREZ Rev de méd y cirug de la Habana  
1926 ccx 35  
Phlebectasis J M CULLIGAN J Urol 1926 xv 175 [491]  
A case of coronary embolism C H MILLER Lancet  
1926 ccx 284  
Experimental coronary embolism W W HAMBURGER  
W S FRIEST R B BETTMAN and H C HOWARD Am  
J Med Sc 1926 cxvii 168  
A case of interaortic tumor removal with resection  
of the carotid bifurcation recovery G LECLERC  
and C LENORMANT Bull et mém. Soc nat de chir 1925  
l 1082  
Rupture of the thoracic aorta J H SHELTON and S C  
DYKE Lancet 1926 ccx 436  
Multiple aneurism of large vessels report of a case  
A K J. Ann. Surg. 1926

of  
Sc  
12

- A case of aortic aneurism (intrapericardial) B T  
PARSONS SMITH Proc Roy Soc Med Lond 1926 xix  
Clin Sect 13  
Cantani's sign in cases of aneurism of the descending  
aorta O E DORRIS Semana méd 1925 xxvii 1614  
Bilateral renal aneurism F H HEALEY Brit M J  
1926 i 374  
Aneurism of the iliac artery ligation of the hypo-  
gastric and removal recovery CHARBONNEL and MOURE  
Bull et mém. Soc nat de chir 1925 li 1063  
Popliteal aneurism Mata operation J A WALL  
Bol Soc de chirug de Chile 1925 iii 313  
Aneurism of the popliteal artery treated by endo-  
aneurismorrhaphy recovery F DE VESTRI Bol Soc  
de chirug de Chile 1926 iii 343

## Blood Transfusion

- The physiology of blood clotting theories of thrombosis  
a study of practical methods for the determination of the  
clotting time J L RAMSEY Ohio State M J 1926  
xxii 117  
The individuality of the blood in biology in the clinic  
and in forensic medicine I LITTE 1925 Berlin  
Springer [491]  
The blood groups F A DELLCA Semana méd 1925  
xxvii 1467  
Blood transfusion in infancy and early childhood and  
the nature of its action T GOEBEL Ztschr f Kinderh.  
1925 xxxix 253 [492]  
Prophylactic blood transfusion as a routine measure in  
poor operative risks G G WOOD Illinois M J 1926  
lix 101  
A case of autotransfusion MACCORMACK N Zealand  
M J 1926 xiv 7  
The rapidity of sedimentation of the red cells WILLEM  
Arch méd belges 1925 lxxviii 350  
The test involving rapidity of sedimentation of the red  
cells G SÁLAGO I V LASTRA and M SCHTEINGART  
Semana méd 1926 xxviii 57  
Studies in a case of sporadic hemophilia R. FETISLY  
and H CLECHOD Rev méd de la Suisse Rom 1925  
xlv 868  
A case of ...

1

## Lymph Vessels and Glands

- Supraclavicular adenitis T BODMAN Lancet 1926  
ccx 340  
Acute adenitis of the iliac gland C LUGONES Rev  
méd Lat Am 1926 xi 719  
Hodgkin's disease in man and animals Sir H ROLLE  
TON Brit M J 1926 i 230  
Lymphadenoma (Hodgkin's lymphogranuloma) Sir  
H ROLLESTON Lancet 1925 ccix 1209 [492]

## SURGICAL TECHNIQUE

## Operative Surgery and Technique Postoperative Treatment

- The handicapped surgical patient I The diabetic  
patient F N G STARR and G FLETCHER Canadian  
M J

H J  
N G  
1926



A discussion of postoperative urticaria W J B ORR  
South M & S 1926 lxxviii 94

### Antiseptic Surgery Treatment of Wounds and Infections

The modern treatment of wounds W LATHROP Inter

Georgia 1926, xv 60

Eye damage in general anaesthesia Brit J Ophth. 1926  
x 99

1

At 1 HOURER Northwest Med 1926 lxxv 95

The prevention and treatment of injuries caused by  
protein therapy A ZIMMER and P BUSCHMANN Ztschr  
f aertzt Fortbild 1925 xxxi 513 [495]

The rôle of insulin glucose and blood therapy in the  
infections J S BRUWER South M & S 1926 lxxviii  
72

Anaphylactic reaction following anti streptococcic serum  
V L SIMAN J Lancet 1926 xlii 90

Preparation of gentian violet solutions for intravenous  
injection V BURKE and J L NEWTON J Am M Ass  
1926 lxxviii 529

The treatment of pyogenic infection by roentgen irradiation  
J D LAWSON Radiology 1926 vi 153

The prophylaxis and treatment of gas gangrene  
GABETTE J de méd de Bordeaux 1926 clii 21

### Anæsthesia

The anæsthetic problem in its relation to the hospital  
I C HERB Anes & Anal 1926, v, 13

The routine evaluation of surgical and anæsthetic risks  
H S RUTH Anes & Anal 1926 v 16

Apnoea dyspnoea and cyanosis in relation to anæsthesia  
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PEMBREY and F E SHIPWAY Guy's Hosp Rep Lond  
1926 lxxvi 53 58 [495]

& Anal 1926 v 8

Nitrous oxide-oxygen anaesthesia for the general practitioner  
H M SELBY Anes & Anal 1926 v 33

A comparison of nitrous oxide-oxygen and ethylene  
oxygen anaesthesia in office practice J W SEYBOLD  
Anes & Anal 1926 v 30

Some chemical blood changes in chronic alcoholism and  
their similarity to those following ether narcosis F R

some para amino benzoate compounds W A HALL  
J Lab & Clin Med 1926 xi 468

Studies in local anaesthesia V The toxicity and para  
amino benzoate compounds II MCGUGAN and G A  
BROCK J Lab & Clin Med 1926 xi 49

Anæsthesia with tutocaine R. SYMMARTIN Rev med  
quingur hospitales 1925 i 256

Local tissue reactions W R MEERER J Lab &  
Clin Med 1926 xi 474

### Surgical Instruments and Apparatus

Reconstructive surgery a case of congenital absence of  
arms H F MOCK J Am M Ass 1926 lxxviii 541

## PHYSICO-CHEMICAL METHODS IN SURGERY

### Roentgenology

The saturation method in roentgen therapy applied to  
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Radiol 1926 xxxi 45

### Radium

The history the physics and the biological effects of  
radium G A ROBINSON N York State J M 1926  
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### Miscellaneous

Heliotherapy J B HAWES and B stone M & S J  
1926 cxix 81

The value of heliotherapy in the Paris area DUGET  
and CLAVELIN Bull et mém Soc nat d chir 1925 ?  
1000

Heliotherapy in tuberculosis and a new instrument for  
its use J W KIME Med J & Rec 1926 cxix, 164

- The quartz ray in the various infections L M ORIS  
 WYMAN  
 s E T  
 F MAS

- Electrothermic methods in the treatment of neoplastic  
 and allied diseases W L CLARK J Am M Ass 1926  
 lxxvi 593  
 A method of surgical diathermy or endothermy render-  
 ing it painless without an anaesthetic S TOLSEY J Am  
 M Ass 1926 lxxvi 52,  
 Why physiotherapy? A F SCHILLER J Michigan  
 State M Soc 1926 xiv 78

## MISCELLANEOUS

Clinical Entities—General Physiological  
 Conditions

- Notes on the treatment of surgical complications of  
 diabetes mellitus R C COCHRANE Boston M & S J  
 1926 cxiv 247

- The treatment of Raynaud's disease by negative pres-  
 sure R S CRICHTON New Orleans M & S J 1926  
 lxxviii 511

- A case of Madura foot treated by chemotherapy appar-  
 ent cure F J PALMER Indian M Gaz 1926 lxi 74

- Sections from a case of myeloma J M H MACLEOD  
 and A PINEY Pro Roy Soc Med Lond 1926 xix  
 Sect Dermatol 16

- The treatment of rodent ulcer F HERMANAN JOHNSON  
 Lancet 1926 ccx 389

- A case of multiple superficial rodent ulcers H  
 MACCORMAC Proc Roy Soc Med Lond 1926 xix Sect  
 Dermatol 17

- Anticancerous prophylaxis F Z GUERRINI Semana  
 med

lxv 9

- The limits of visibility and the virus of cancer W  
 KOPACZYK

- Inguinal granuloma J O HERNANDEZ Rev de med y  
 ciruj de la Habana 1926 xxxi 27  
 A case of congenital sarcoma S CASTELLANA Poli-  
 clin Rome 1925 xxii sez prat 1,09

General Bacterial, Protozoan and Parasitic  
 Infections

- Staphylococcus aureus sepsis osteomyelitis of the  
 femur radius and mandible L CARP Am J Surg 1926  
 xl 38

- State M Soc 1926 xvi 76

- Avian tuberculosis in man C H MAYO and W A  
 HENDRICKS South M J 1926 xix 29 [501]

- Chronic milary tuberculosis and healed milary  
 tuberculosis M I BIERMAN Pathology 1926 vi 165

- Studies on acute milary tuberculosis J V LAMBEA  
 Siglo med 1926 lxxviii 41 85

- The treatment of surgical tuberculosis A FENIKOFF  
 Presse med Par 1925 lxxviii 1634

- Artificial diathermy in the treatment of surgical  
 tuberculosis VEGA BARRERA Arch de med cirug y  
 especial 1925 xxi 501

- Blastomycosis with a report of four cases S T  
 MILLARD and W B GODDARD J Kansas M Soc 1926  
 xxvi 47

- Sporotrichosis with report of a case L K BALDAUF  
 Am Med 1926 xxvii 107

- Atypical malaria A GAGE Therap Gaz 1926 l 77

## Ductless Glands

- A study of the endocrines in relation to operative and  
 anesthetic risk C A WRIGHT Anes & Anal 1926 v 23

- Physiology of the endocrine glands A COODALL Med  
 Press 1926 clxxii 155

## Surgical Pathology and Diagnosis

- A new method of physical examination (ectoscopy)  
 E WEISZ Lancet 1926 ccx 280

Acta med Scand 1926 lxxi 39



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